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RESEARCH BUREAU—DETROIT ASSOCIATED CHARITIES

147

TROUBLE CASES

A STUDY OF THE MORE DIFFICULT FAMILY PROBLEMS AND THE WORK UPON THEM OF THE DETROIT SOCIAL AGENCIES

BY

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PUBLISHED BY

DETROIT COMMUNITY UNION

1919

WELL-BEING
INDIVIDUAL

Depends on the

Material	Personal	Social
Income	Health	Relationships
from		with
Wages Capital	Physiological Psychological	Family Community
supplying	giving ability	providing for
Food	To earn	Opportunities
Clothing	To enjoy normal existence	Protection
Housing	To assume normal	Care
Medical	responsibilities	Education
		Training

Factors Reducing Individuals Below Par

Unemployment	Diseases	Delinquencies
Low Wages	Fatigue	Non-support
Undernourishment	Accidents	Neglect
Congestion	Disabilities	Illegitimacy
	Epidemics	Crime
	Mental Defects	

Organization of Community to Promote Well Being

Relief Agencies	Hospitals	Agencies for
Employment Bureaus	Nursing	Correction
Factory Welfare	Clinics	Recreation
Housing Associations	Sanatoria	Protection
Insurance		Education

WELL-BEING
SOCIETY

Gen
7-3-25
add cop.

Preface

This study of case work in Detroit was made possible only by the generous cooperation of the social agencies which allowed their records to be read. What follows may be said to be a kind of self-examination on the part of the agencies of their work. Part of this report has already been submitted to the social workers of the city at a public meeting, and the spirit in which criticisms herein contained were received promises well for the future of social work in Detroit. The study was undertaken in no sense as a complete survey of the work of the agencies, but only of that part of their work which involved common efforts towards the solution of some of the graver types of family problems. It is entirely possible that other large cities, having a great number of specialized agencies which touch upon identical families in their work, could profit by a similar review of common efforts.

This study, and the Research Bureau of the Associated Charities of Detroit, under whose auspices it was made, are largely the result of the interest and foresight of Mr. Henry G. Stevens of the Board of Trustees of the Associated Charities. To him must also be attributed the credit for having suggested the general scheme for the classification of the social problems to be found in these families.

Invaluable assistance has been rendered by others. Especially, should be mentioned Miss Judith Ginsburg, Miss Marjorie Delavan, and Miss Jennie R. Greenbaum, who did most of the work of collecting and tabulating the data from the case histories. Thanks are also due to Mr. Fred R. Johnson, Associate Secretary of the Detroit Community Union, who gave valuable criticisms of the manuscript. Whatever errors and faults there may be found in the interpretation and presentation of the material are jointly shared by the authors.

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Chapter I.

Origin and Method of Study

The Drift Through the Social Agencies

The charitable agencies of a large modern city constitute a disconnected system into which drift thousands of men, women, and children, with varying degrees and kinds of need. Insufficient income, ill health, disruptions of family life,—these and other emergencies throw into the social agencies families who for the most part have formerly led an independent existence. Some of these families receive merely temporary aid; others require more extended assistance; sometimes whole families are carried along for years, receiving intermittently attention from now one type of agency, now another.

This continuous drift of the unfortunate and the handicapped through the agencies is familiar to the social workers, but is more or less unobserved by the great mass of people who are sufficiently concerned with their own difficulties. It has been estimated that there are about thirty thousand families* who apply annually to the social agencies of Detroit. This system of agencies includes many types, deriving their support either from public or private funds. Courts, corrective and educational agencies, organizations for family relief, settlements, employment agencies, hospitals, clinics, child-caring agencies,—these are but a few types of the various organizations now functioning. Without any disparagement to the work of these agencies, it may be said that they have not developed in accordance with a well conceived plan. On the contrary, they represent a slow accretion that has grown in response to particular needs as they have become apparent. As a result there is no thorough going organic relationship established between these agencies. Necessarily, in the development of social work there have been changes in the nature and func-

The Growth of the Agencies

*The figures of the Registration Bureau located at the Department of Public Welfare in Detroit show that between October 1, 1916, and September 30, 1917, there were in Detroit 25,115 families who for the first time made application to philanthropic and charitable agencies, either public or private, for material relief, free medical service, care and boarding of children, or some other form of assistance. These 25,115 families were new to the Registration Bureau. In addition to these families there were 9,754 others who had been previously registered. The total number of individual families registered for the first time from October, 1913, to October, 1917, is 67,621.

tions of many of the agencies. They have adapted themselves, after a fashion, to new conditions, laws, and needs, so that the system as a whole is in constant flux.

An analogy might here be drawn to the rapid and haphazard development in our industrial system. A spirit of individualism has pervaded both social work and industry. But our industrial system has been subject to criticism and there is now a growing demand for more rational prevision in industry to meet social needs. However, it is not so clearly recognized that charitable effort itself must become progressively adapted to meet the requirements of the new age; that a consciously directed program must take the place of casual and desultory effort.

The funds for the support of public charity being drawn from the taxpayers, and for the private charities from voluntary contributions, it follows that sufficient reason exists for interest in the purposes and results of these organizations. The annual cost of the numerous agencies engaged in philanthropic work in Detroit has been estimated at approximately three million dollars.

Purpose of Study

By what process is this money spent? Why the need of this large expenditure of public and private funds? What are the problems which individuals in distress brought to the attention of these costly agencies? What is being accomplished for the families? Are people being assisted to achieve independence, or are they being given superficial treatment? What light, if any, does charitable work throw upon the fundamental causes of social problems; and what contribution is being made toward a real solution? These and many other questions have stimulated the investigation and discussion to be found in these pages. The study is undertaken in no mood of carping criticism, but rather as a sincere attempt to orient the problems and to further the effectiveness of social work in Detroit.

Method Pursued in the Study

It was the aim of the Research Bureau of the Associated Charities to examine the detailed workings of this system of inter-related social organizations through an investigation of the records of the families who are being assisted. The task of making a thorough investigation of the 30,000 families recorded in a single year with the Registration Bureau was obviously impossible. It was therefore decided to take as a basis of study only the families known to at least five agencies registered during the period of one year from August, 1916, to August, 1917. The names of these families were copied,

and their records in all agencies were summarized and transcribed upon a separate record sheet, which then represented an historical digest of the families. The term *"trouble cases"* was arbitrarily selected to designate these families. The records were then subjected to careful analysis for the purpose of discovering the family problems, methods of treatment, and results of the assistance rendered by the social agencies.

It was believed that these cases known to five or more organizations would reveal the weak spots in the charitable system, if any such existed, and that a cross-section might be obtained of current problems.

Limitations of Method

In approaching a study of social problems of this type, founded primarily upon the written record as the basis of information, it is important that the limitations which such a study present should be set forth.

In the first place, the record itself, no matter how completely it evidences the dynamic facts regarding a family's problems, or how skillfully it interprets the family's experiences, is merely a written and second-hand interpretation, and must be considered as such. The possibilities of error, incompleteness, and misinterpretation are many and serious, but they do not invalidate the study altogether.

Secondly, each original record is primarily adapted to the work of a particular agency and presents usually limited information for reference. It is not as a rule intended for purposes of research.

Thirdly, in relatively few agencies are the records thorough and detailed as to investigation, diagnosis, and treatment. In some agencies the record gives only superficial items of identification. In other agencies it is a report of the amount and kinds of relief issued, with a few notations about the family's problems. A glance at Table I (page 5) showing the number of agencies will indicate how the study was limited to the types of agencies which register their cases. There are in the city of Detroit a number of agencies and institutions which do not register their cases; for example, Industrial Welfare Departments, Hospitals, Churches, Courts, and Neighborhood Organizations. Frequently in some of the records notations were found to the effect that certain families had been receiving treatment or relief from some agency which had not registered. This study, however, was confined to the records of

agencies which had registered their cases with the Central Registration Bureau.

Fourthly, another type of limitation is the point of view of the worker who comes in contact with the family. Some of the records contain inferences, estimates, quick judgments, and misstatements of fact. For example, a social worker not skilled in the recognition of disease or instructed in medical problems might make an assumption concerning an individual's condition which could or could not be established upon competent examination.

Fifthly, another danger is the fact that the investigators who made this study of *"trouble cases"* did not in most instances have a first hand acquaintance with the families and their judgment as to conditions is, therefore, a second hand interpretation of the family's difficulties, based upon the diagnosis of the worker who was responsible for the original case record.

Finally, it might be questioned as to whether the *"trouble case"* is a fair type by which to judge social work. The claim might be made that these cases are not the usual or average type of family with whom the social agencies come in contact, but are a selected group—perhaps the most troublesome—involving problems which the community has not as yet been organized to assist. While the *"trouble case"* puts the agencies to the severest test, it may be that this type of case reveals deficiencies not so much of the social agencies themselves, as of the whole structure of society with reference to the undeveloped character and limited possibilities of social work, and the fundamental defects of public opinion, laws, institutions, and economic organization.

Value of the Method

The limitations of this study are no more serious than apply to similar social studies based upon recorded investigations. The number of families, 752, with records in 45 different organizations, is in itself comprehensive enough to offer a sufficiently wide basis for study, compensating for the usual errors and deficiencies. It was found that all *"trouble cases"* did not necessarily involve difficulties for which society has not provided adequate machinery. Indeed, many families had relatively simple problems, although there were a number of agencies interested. Some of the more serious types of social problems are not represented in the families

which are here studied; and conversely, an examination of cases known only to one agency will often reveal problems of quite as serious a nature as those of the *"trouble cases."*

Again, this study has an advantage in that it is based upon the records of many agencies which act as a check upon each other. Divergent points of view are thus presented and a more complete picture is given than if the case records of only one agency were the basis of study. As many of the individual records run over a period of years, a long range view of the families is obtained, and the result of former dealings with the families may be noted.

Source of Material

The lists obtained from the Registration Bureau of the Department of Public Welfare contained for the year August 1916 to August 1917, 752 families who had become known to five or more agencies. These 752 families had a total of 4,635 records, or an average of over six agencies for each family. The largest number of agencies registered on a single family was seventeen. Every one of the 752 families was known to at least five different organizations.

TABLE I.—List of Agencies and Number of Cases in Each Agency

Application Bureau of Associated Charities	600
Poor Commission (Relief Cases)	443
Investigation Bureau of Associated Charities	277
Visiting Nurse Association	264
Board of Health Tuberculosis Clinic	256
Society of St. Vincent de Paul	251
Children's Aid Society	249
Harper Hospital	227
Juvenile Court (Neglect and Delinquents)	182
Children's Free Hospital	166
Babies' Milk Fund	162
Juvenile Court (Mothers' Pensions)	160
Visiting Housekeeper Association	118
Board of Health Children's Free Hospital Clinic	106
Detroit Psychopathic Clinic	104
Poor Commission (Social Service Cases)	93
Christ Child Society	82
United Jewish Charities	79
Y. W. C. A. (Employment Bureau)	76
Associated Charities (Prior to 1914)	76
Neighborhood House	75
Franklin Street Settlement	67

Table I. List of Agencies and Number of Cases—Continued

Grace Hospital	60
Board of Health, Babies' Clinic	51
Society for Study and Prevention of Tuberculosis	45
Legal Aid Bureau	43
Michigan Children's Home Society	37
Detroit News Goodfellows	35
Girls' Protective League	32
Volunteers of America	32
Bureau of Catholic Societies	24
Hamtramck Dispensary	21
East Side Settlement	19
West End Dispensary	19
Detroit Urban League	18
Board of Health, Prenatal Clinic	15
Michigan Child Welfare League	14
Receiving Hospital	10
Woman's Hospital and Infants' Home	10
American Red Cross	6
Detroit Welfare Association	5
Solvay Process Safety and Labor Dep't	5
Italian Clinic	4
Salvation Army	4
Weinman Settlement	4
Hudson Motor, Social Service Department	2
Provident Loan Society	2
Sophie Wright Nursery	2
Catholic Settlement Association	1
Gershom Settlement	1
Neighborhood Committee	1

Many of the agencies did not have available the older records made before the organization of the Registration Bureau. The Poor Commission records date back to 1910. The Associated Charities had a few earlier records. For this reason it would be well to consider that the data obtained in this study was largely from records of charitable agencies between 1910 and 1918.

TABLE II.—Length of Time in Charity System

	Number of Families	Per cent
Over 6 years	104	13.9%
Over 5 years less than 6 years	58	7.7%
Over 4 years less than 5 years	82	10.9%
Over 3 years less than 4 years	125	16.6%
Over 2 years less than 3 years	162	21.6%
Over 1 year less than 2 years	136	18.1%
Less than 1 year	85	11.2%
	752	100%

Chapter II.

Selected Case Histories With Diagnosis and Comment

The following cases are selected as illustrating problems found in the study, and give with considerable detail the experiences of the families in contact with the agencies. The principle of selection involved in taking these particular cases in preference to others was the desire to choose so as to illustrate as many phases as possible of the general situation.

These histories constitute representative material useful for the purpose of introducing the following chapters on Statistical Data and Problems of Families (Chs. III. and IV.) They are digests of the composite face sheets, together with comments upon and diagnoses of the cases. The notations in the margin of the case histories epitomize the problems and agencies involved in each case.

The comment and diagnosis at the close of each case interprets the problems in each family in accordance with the classification used in the Well-Being Chart. (See Frontispiece).

Case No. 476

Identification Data

The Chene* family has been known to the social agencies of Detroit since 1910. The family is French-Canadian and has lived in Detroit since 1896 when the man and woman were married. John and Mary Chene have nine living children. John, the oldest, was born in 1897, Marie in 1899, Lavina in 1901, Henry in 1903, Elizabeth in 1906, James in 1908, Frank in 1910, Edward in 1913 and Lillian in 1915.

1910
Sunshine Society

Associated Charities

The family first made its appearance in the social agencies in June, 1910, when the Sunshine Society, which had been giving the family food for several months, reported the case to the Associated Charities to determine the present need of the family. The investigator interviewed the woman who claimed that her husband had heart trouble and was able to do but little work.

*The name is fictitious.

Illness, Unemployment

Occasionally, he earned a little, helping teamsters, but had earned nothing the last week. The woman had just returned home from Grace Hospital where she had been receiving treatment following her last confinement. Mrs. Chene assisted the family income by taking in washing. They were paying $8.00 a month rent. The investigator stated in her report that *"there are seven very bright and healthy looking children* in the family. The man has no trade, being simply an unskilled laborer."

Neighbors Interviewed

Upon interviewing neighbors and upon information obtained from firemen at the neighboring engine-house the investigator learned that the man had been seen intoxicated. The neighbors scoffed at the suggestion that Mr. Chene had heart trouble, stating that he was a "big, lazy drunkard." They reported further that the children, who seemed "unusually bright and also very healthy" were frequently very thinly clad in the winter. As a result of this investigation it was recommended to the Sunshine Society that the family be continued on their bread list until further notice.

Injury of Man

In September, 1910, the Associated Charities was again called into the case by the Detroit Evening News to whom the woman had written, appealing for help on the ground that her husband had a badly burned arm and was unable to work. A visitor called and found that the report regarding the man's arm was correct. Questions regarding relatives brought out the fact that Mr. Chene's father was dead, but that his mother was still living, and that Mrs. Chene had four brothers and two sisters, from whom she was unable to receive assistance. The man's mother supported herself by taking in washing; a half-sister of the man was a case of the Associated Charities, and had been deserted by her husband. The visitor referred the family back to the Sunshine Society for food, and to the Poor Commission, who gave relief until May, 1911, when the man's arm was better and he could be given employment. The Poor Commission reported that the family was very shiftless, lazy, and untidy, and that they had been assisted on several previous occasions.

Poor Commission

1911 Unemployment of Woman

The family does not appear again until March, 1911, when the woman applied to the Associated Charities for work, which was given her.

1912

There is no record of this family for over eighteen months until December, 1912, when the case was referred to the Associated Charities again by the woman's sister.

Maternity

Illness of Oldest Child

Intemperance of Man

Temporary Relief

Alleged Delinquency of Boy

Interview with Relatives

The investigator found that Mrs. Chene expected to be confined in two weeks, but had not as yet seen a doctor; that the man was working irregularly at a coalyard as yard-man getting about $2.00 a day. Mrs. Chene further stated that John, aged 15, was not able to work because he was sick most of the time. She thought he had liver trouble. The case history records that the house and children were very dirty. The visitor interviewed the man's employer who stated that the man drank considerably and was very lazy, not reporting for work until the middle of the day, and only several days a week. Temporary relief of $2.00 for groceries was given at this time. A week later the investigator visited the woman's sister to talk over the affairs of the Chene family. According to the sister, the condition of the family had been the same ever since their marriage. She said the children were incorrigible, and that the boy of 15 was well able to work but was too lazy to do so, and had been arrested twice for stealing; that the man drank all of the time and resented aid from the woman's relatives, and that Mrs. Chene took her husband's part and accused her relatives of lying about the family. It was the investigator's opinion that the woman's relatives seemed to be respectable people and in fairly good circumstances.

Backwardness of Children in School

Interview with Sister and Priest

The visitor then talked to the Catholic sister in charge of the Parochial School which three of the children were attending. The Sister stated that Marie, although 14, was only in the second grade, and that Lavina aged 12, was only in the first grade. She considered the family hopeless. The parish priest was next interviewed. The visitor records that the priest took no interest in the family whatsoever and that she could obtain no cooperation from him. The priest stated that Mrs. Chene had been interviewed in regard to the conduct of the children at school and had upheld them in their disobedience to the rules of the school. The Associated Charities put the children on their list for Christmas toys and referred the family to the Society of St. Vincent de Paul for relief.

Christmas Relief 1913

***Poor Commission* Fuel**

***Visiting Nurse Association* Maternity Care**

In January, 1913, Mrs. Chene again applied to the Poor Commission claiming that the man had rheumatism. Mrs. Chene was again pregnant and about to be confined. Fuel was given to the family and employment offered the man but he did not report back to the Poor Commission. The Visiting Nurse Association gave nursing care during confinement and reported to the Associated Charities that the family needed food. Emer-

Emergency Relief

gency relief was sent and the case was referred back to the Society of St. Vincent de Paul. A few months later the family was again visited by a social worker from the Associated Charities who talked with the man. She reported that he looked "perfectly well and strong but was quite disagreeable when the question of work was raised." The oldest boy, then 16, was working steadily, earning $6.00 a week, which was the main source of income in the family. In December, 1913, the woman again applied to the Associated Charities and was again referred to the Society of St. Vincent de Paul.

Associated Charities

1914
St. Vincent de Paul
Unemployment

In July, 1914, the Society of St. Vincent de Paul, which was again working with the family, reported that they had tried to get the man work, but that he was lazy and intemperate and they were leaving the case to be handled by the Poor Commission. Temporary relief was given by the Poor Commission and attempts were made to find the man work. As a result he worked intermittently. For several months following this period the family was assisted with relief by the Poor Commission because general unemployment made it impossible to find work.

Poor Commission

Employment and Relief

1915

In July, 1915, the Society of St. Vincent de Paul, working on the case, asked the Investigation Bureau of the Associated Charities for an investigation and report on the family. The investigator found that the man was at this time working several days a week earning between $2.00 and $2.50 per day. The visitor for the Investigation Bureau interviewed Mrs. Chene who said that a few days ago a lady called from another society, saying that the children looked dirty and the home likewise, and that she would take complaint out in court unless the woman took better care of them. To this, Mrs. Chene had answered that she did as well as she could under the circumstances; that she had only recently been confined and that the children had to take care of themselves while she was sick. Mrs. Chene thought they were managing very well, as they owed only their rent, as they had been receiving no help, and as Mr. Chene had been working only at odd times. The investigator recorded that the children looked all very poorly clad, having no shoes or stockings.

Threat of Complaint for Neglect

Eviction

During the next few days the Investigation Bureau and the Society of St. Vincent de Paul cooperated in trying to obtain employment for the woman. In the meantime the family was evicted because of non-payment of rent, and they moved to another house. At this time

Girls' Protective League

the Girls' Protective League was interested in Marie for whom they obtained employment.

Employment for Girl

From July, 1915, until September, 1916, the Investigation Bureau of the Associated Charities worked continuously with this family in an effort to rehabilitate them. During this time it was found John was suffering with tuberculosis, and he was sent to a sanitorium, where he remained for over eight months. Mental examination was made of Lavina by the Detroit Psychopathic Clinic, who found that she was feebleminded and epileptic and recommended that she be sent to Lapeer. The worker urged Mrs. Chene to have the child committed to the institution, but was unsuccessful in the attempt. During the same period the Poor Commission was again called in to assist the family because of the irregular employment of the man.

1916

Tuberculosis of Boy

Detroit Psychopathic Clinic

Feebleminded-ness of Girl

Poor Commission

Visiting Housekeeper Association

The investigator of the Associated Charities in her work with the family called upon the Visiting Housekeeper Association to give instruction to the woman in housekeeping. The record of the first interview with the family is of interest and is given in detail as follows:

Wretched Home Conditions

"**August 7, 1916.** Home back of packing-house. Stench very bad. Lavina said that her mother had gone to look for house, as their present home was very unhealthy. Baby had been sick from heat; head and face covered with rash. Visitor asked if mother had ever been to clinic. Lavina said 'No.' Lavina is fond of flowers. Has some geraniums growing in tin cans on window-sill."

The next visit was made apparently two weeks later when the following was recorded.

"**August 21, 1916.** Baby seems well, but children all very dirty. Lavina washing. Woman gone out because house was too hot. Children did not know when she would be back."

Family Moves from Place to Place

Before the next visit the family had moved and for several months the visitor was unable to locate them. When the family was finally located, the visitor found great difficulty in beginning work with them.

Attempts to Teach Woman Housekeeping

For several months the visitor tried to instruct the woman in economic methods of housekeeping and planning expenses for the family, but without much success. During this period, Mr. Chene, the oldest boy, and the two older girls were intermittently employed. It was a rare occasion for all of them to be working at the same time.

1917

The following record of March 12, 1917, is interesting: "Family has moved to —— Lafayette Avenue. Have four

Irregular Employment of Family

rooms; are paying $15.00 rent per month. Man left his work because he wanted $3.00 a day. John quit because he said it was too far to go from place where they are now living. Girls have been laid off. No income at present. Visitor sent girls to cigar factory and John to the Poor Commission to look for work."

Poor Commission

Non-Support

House of Correction

Relief

It was at this point that the case was turned over to the Social Service Department of the Poor Commission, and this time the social worker insisted that the woman take out a warrant for non-support against the man. Chene was sent to the House of Correction for ninety days for non-support, during which time the family were partly supported by the Poor Commission and assisted in moving to other quarters. The Visiting Housekeeper continued to work with the family; housing conditions, however, were very poor and the family were moved to better quarters. Upon the man's release from the House of Correction he returned to work.

Low Wages and Deficit

In November, 1917, although Mr. Chene was employed, he was earning only $15.00 a week; the house during this time seemed to be in better condition than the former home. The Visiting Housekeeper figured the family budget at this time and found a large deficit for a minimum standard of living.

Marriage of Feeble-Minded Daughter

Neglect Juvenile Court

In November, 1917, Lavina, aged 16, who, it will be remembered, was tested by the Psychopathic Clinic and found feebleminded and epileptic, was married. This created another problem for the social agencies. In the meantime, a case of neglect was entered against the family in the Juvenile Court. For a time action on this case was postponed because the family frequently would move and could not be located for several months.

1918

Family Moved

Family not Located

In the autumn of 1918 the family were again located and again the Juvenile Court began its attempt to straighten out the difficulties in the family. In October, the family again moved and at the beginning of 1919 they had not been located.

CASE COMMENT

Cases of this type are not infrequent. They illustrate the difficulties of dealing with families obviously of a mentally subnormal type. It is significant that throughout the eight years in which the social agencies were in constant touch with the family, no attempt was made to have a thorough mental and physical examination of all members of the family. It does not appear that an effective solution of the family's troubles resulted, although constructive treatment was attempted and con-

tact with social agencies prevented complete disintegration.

DIAGNOSIS

ECONOMIC AND DOMESTIC DIFFICULTIES OF A SUBNORMAL FAMILY, ALCOHOLISM, NON-SUPPORT OF FATHER, FEEBLEMINDEDNESS OF GIRL.

Case No. 392

Identification Data

Family consists of father of German descent, mother of Canadian-Scotch descent, and seven children, ages 7 months to 13 years.

1906
Franklin Street Settlement
Reports Abusiveness of Father
Associated Charities

Earliest record of this family was in December, 1906, when the family was referred to the Associated Charities by the Franklin Street Settlement, which was giving free day-nursery care, and reported that the family was moving from place to place without paying rent, and that the man was drunken and abusive. The Associated Charities gave a stove and food to the family at this time.

There is no further record until June, 1909, when the mother was in need of maternity care.

1910
Society for the Prevention of Cruelty to Children **filed Complaint in Juvenile Court**

In 1910 the Society for the Prevention of Cruelty to Children worked on this case, filing complaint in the Juvenile Court against the father for neglect and non-support, and arranging for the care of the various children with the aid of the Florence Crittenton Home. At one time three of them are sent to live with the mother's parents in Canada.

1911
Poor Commission
Non-Support
Shoes and Fresh Air

In 1911 the first record is that of the Poor Commission which in April again found the man failing to support his family, the family in need of shoes and the woman wanting employment. Shoes were provided for the family at the time and some of the children were sent to the Michigan Fresh Air Society Home. Later in 1911 the man appears to have rejoined his family, though not for long, as he was arrested for stealing and sentenced for sixty days in the House of Correction.

Arrest of Man House of Correction

In October, 1911, the man is again warned by the Juvenile Court on account of neglect of his family.

1912
Associated Charities

Nearly a year passed before there is a further record of this family. By August, 1912, the Associated Charities records that the family is in debt for rent. This agency gives emergency relief and refers the family to

Family in Debt
Emergency Relief
Referred to Other Agencies

the Society for the Prevention of Cruelty to Children, who, finding the woman without a home for her family, refers them again to the Florence Crittenton Home.

1913

Children's Aid Society
Neglect

In February, 1913, the Children's Aid Society has a neglect complaint investigated, and reports that conditions are satisfactory. There is then a gap in the records until November of that year, when the woman is reported working as a cook and the man as a machinist. The report is made by the Children's Aid Society. Soon after, the Associated Charities reports that the man is not supporting his family, that he is drinking, and that the family is threatened with eviction. Relief is asked of the Associated Charities but they refer the case to the Poor Commission which gives $6.00 a month and rent, temporary relief. Meanwhile, the Associated Charities has discovered that the mother is in need of maternity care and refers this need to the Poor Commission. In December, 1913, the Poor Commission reports that the man is working, but is not supporting his family. A warrant is secured for his arrest and he is placed on probation from the Domestic Relations Court.

Family Difficulties

Poor Commission Relief

Maternity Care
Non-Support, Arrest, Probation of Man
Domestic Relations Court

1914

Six months elapse without further record. Then in June, 1914, the Children's Aid Society finds that the man is abusive to his family; that housing conditions are bad and that the family is in need of general assistance.

Woman Advised to Divorce Man
House of Correction
Non-Support
East Side Settlement

The woman is advised to obtain a divorce from the man, and in October of that year the Poor Commission has the man put in the House of Correction for sixty-five days for non-support, and gives relief to the family in the form of $22.00 and rent. Meanwhile, the East Side Settlement reports to the Application Bureau that there is need of nursery care for the children. Investigation is made and nursery care is recommended, which is given for one day per week.

Nursery Care

1915
Woman Homeless
Volunteers of America

The year 1915 opens with a report filed by the Application Bureau that the woman is homeless. The case is forthwith referred to the Volunteers of America and to the Children's Aid Society. The Volunteers of America give temporary shelter; and the Children's Aid Society finding that the man has deserted, attempt to locate him in the Canadian army, having a warrant sworn out. For relief, the Children's Aid Society refers the family to the Poor Commission and at the same time asks the Visiting Housekeepers Association to find a dwelling place for the women and her family. Several months

Visiting Housekeeper Association

Delinquency of Children

Family Re-established

Eviction

elapse. In June the Application Bureau has recorded that three of the younger boys in the family are becoming unruly. All of this time the boys have been contributing to the support of the family by selling papers. The case is referred for supervision to the Children's Aid Society who at this time succeeds in finding the father and in re-establishing the family. By August of this year, the Poor Commission Social Service Department has recorded that the family is again threatened with eviction and refer the case to the Volunteers of America. This is the last record of 1915.

1916

Relief
Poor Commission

Temporary Desertion

Police Court Probation

House of Correction

Juvenile Court Delinquency

Illness of Children and Mother

House of Correction

Non-Support

Society of St. Vincent de Paul and Children's Aid Society

In April, 1916, the Poor Commission has the case again for non-support and subsequently gives shoes and rent to the family. Toward the end of May the Application Bureau has the case again, and their story at this time shows that the man has apparently deserted and they refer the case back to the Poor Commission. A month later, the man, being found, is placed on probation from the Police Court. In August, however, things have not improved. The records of the Application Bureau show that the man is drinking; that the children are neglected, and that the woman is about to be confined. The Application Bureau refers the case to the Children's Aid Society for a boarding home for the children. Meanwhile, the man is put in the House of Correction, and his earnings there are apparently used to pay for the board of the children, the mother at this time being in the St. Mary's Hospital as a maternity case. By the end of August one of the boys for whom a boarding home has been found is in the Juvenile Court on a petty larceny charge and he is placed on probation. Various illnesses afflict the family in the latter part of the year. Two of the children are operated on for septic tonsils and the mother has pneumonia. In December the Poor Commission has the man sent to the House of Correction for non-support, gives $7.00 a week relief to the family, and refers it for supervision. At the same time the St. Vincent de Paul Society have record of the destitution of the family and refer the case to the Children's Aid Society. Finally in 1916, the Application Bureau reports that the mother is ill; that the father is in prison and that the earnings of the boys through selling papers is the sole support of the family.

1917

Illness of Mother and Children

In January, 1917, there are two health records. The mother is in Harper Hospital for eye trouble, and one of the boys has an operation on his neck. The records here end.

CASE COMMENT

In this case the social agencies flounder with the family difficulties, of which alcoholism of the father constitutes a prominent factor. The absurd inutility of the House of Correction treatment for this man is perhaps the most obvious comment. The next point would seem to be that sixteen agencies throughout a period of ten years develop no farsighted or concerted plan for the aid and protection of the wife and children. In the later years of the case the economic burden of the family was falling upon the younger children, one of whom begins a career in the Juvenile Court. The health needs appear to have received some attention from the agencies though it is clear that the long-sustained neglect by the father unrelieved by any wise social assistance has been undermining the moral and physical endurance of the mother and children. No mental examination of the man has been made.

DIAGNOSIS

ALCOHOLISM, NON-SUPPORT, NEGLECT, ILLNESS, DEPENDENCY, DELINQUENCY.

Case No. 551

Identification of Data

This case is of a Russian-Jewish family; father and mother in the United States for ten years. Ages of father and mother, 40 and 32 years. There were at the time the study was made, four children ranging from six years to six months. The man is employed irregularly as a peddler and makes from $25.00 to $35.00 a month. Up to the time of study the case had been in nine charitable agencies for the period of four years and three months.

1913

Unemployment

The earliest record of the family, in October, 1913, is in the United Jewish Charities. The man was unemployed and temporary relief of $3.00 a week was given the family and employment obtained for the woman. In November of this year the family came to the attention of the Society for the Study and Prevention of Tuberculosis, but record of what was done was not available. The last record of 1913 is with the Poor Commission in December. It finds that the man has been unemployed for three weeks and that the family is destitute. Relief is asked for and given in the form of $2.00 for provisions and also a half ton of coal. In the same month the United Jewish Charities gave $9.00 for rent.

***Poor Commission and United Jewish Charities* Co-Operate to Give Relief**

SELECTED CASES

1914

Application Bureau

Babies' Milk Fund

Investigation as to Need of Family

In March, 1914, the Poor Commission had found that the man is employed, but continues relief at the rate of $1.00 a week. At that time the case appears before the Application Bureau. The Babies' Milk Fund has asked for an investigation of the family income to determine if milk should be given to them. The Application Bureau refers the case to the Investigation Bureau. It is found that the family has had an additional $9.00 for rent in January. Meanwhile, the continued record of the United Jewish Charities shows that the man is employed, (March 16th) that rent has been paid for two months, and that for these reasons relief should be discontinued. But before the end of March the report shows that the man has again lost his job.

There is no further record until August, 1914. Then it appears that the Babies' Milk Fund still has dealings with the family and is probably continuing with the aid of milk. In August, also, the United Jewish Charities has the family again. At this time the woman is to be confined and the man is out of work. This agency again gives relief in the form of rent and $2.00 a week. At the same time the Visiting Nurse Association come into the family to give maternity nursing. A month later, in September, the record of the United Jewish Charities shows that the man is still out of work and that the woman is sick. Relief and rent are given and the woman is referred to Harper Hospital.

Unemployment Relief

Maternity

Visiting Nurse Association

Hospital Care for Woman

1915

Illness of Man Harper Hospital

The record of the United Jewish Charities in February, 1915, shows that the man is employed; nevertheless, part of the rent is needed by the family. In September, 1915, the record from the same agency shows that the man is sick and in need of medical care. He is referred to the Harper Hospital and $17.25 is later paid for the Hospital bill.

1916

Poor Commission

Relief

Syphilis of Man

Desertion of Man Relief

In November, 1916, the Poor Commission has record that the man is unable to work on account of skin disease. It gives relief in the form of half a ton of coal. A little later the United Jewish Charities record shows that the man has syphilis and is in need of clinical treatment, which is given. This is probably what was diagnosed as "skin disease" by the Poor Commission. Further investigation by the Poor Commission in the same month shows that the man has deserted the family. Provisions are given the family at this time.

1917

In February, 1917, the Poor Commission secures a warrant for the arrest of the man on a charge of non-

Non-Support

Illness of Children

support, and two tons of coal are supplied the family. The final record of the family is with the United Jewish Charities and shows that two of the children are suffering from measles and scarlet fever. The latter case is referred to the Herman Kiefer Hospital and rent is supplied the family.

CASE COMMENT

It is clear in this case, that, so far as the records inform us, none of the agencies supplies adequate and regular relief for the pressing needs of the family. There appears to be no organic connection between the agencies in their relief giving. In any case, the small amount of aid, combined with the very irregular employment and sickness, probably caused the man to desert. The coming of another baby during unemployment of man constitutes another severe attack on his morale. Although the man's illness is diagnosed as syphilis the implications of this disease in their bearing upon the domestic relations and the health of the wife and children are lost sight of. The unemployment and illness of the man, in a kind of closed circle, result in the abandonment of his family.

DIAGNOSIS

UNEMPLOYMENT, ILLNESS OF FAMILY, SYPHILIS, AND DESERTION OF MAN.

Case No. 376

Identification Data

The family consists of father, age 34; mother, age 30, and five children ranging in ages from three to ten years.

1910
***United Jewish Charities* Aids the Family to Move to Detroit**

The case first became known to the United Jewish Charities in 1910, to whom the family had been sent by the Industrial Removal Office of New York City, an organization which assists immigrant families to move from the congested districts of New York City to the interior of the country. Upon arriving in Detroit the family was given financial aid for a period of one month, and the man was placed in employment.

1911

Renewed Economic Difficulties

Family Returns to New York

In November, 1911, the family again applied to the United Jewish Charities because of economic need. The man was unemployed and the woman ill. Payment of rent and emergency relief was asked for and granted. A stove was also given the family. Failing to find work, the man became dissatisfied, and the family returned of its own accord to New York City.

1912
Return to Detroit
Illness of Man

In May, 1912, the family again returned to Detroit on its own volition. There is no record of aid being given to this family until April, 1913, when the man was sent to the hospital. Relief was given to the family by the United Jewish Charities and the woman was supplied with free medical service during maternity.

1913
Aid to Woman in Maternity

1914
Medical Care of Children

During 1914 the only record of the family is in two agencies that give medical care to children. There is no record of relief given at this time to the family so that the inference might be that the family is otherwise self-supporting.

1915
Unemployment and Maternity

Visiting Nurse Association

In 1915 there is an early record of unemployment during a season of general financial depression. But there is no indication of relief being granted. Later in this year the Visiting Nurse Association is called in to give nursing care during maternity. The services were given on a fee basis, which would indicate that the family was at this time self-supporting.

CASE COMMENT

Cases of this type which reveal chiefly economic problems are fairly numerous in the study. The work of the agencies on the case appears to have been helpful and gradually the family seems to have attained self-support. In common with other families of this type on a low wage basis, the family is easily affected by adverse changes as to employment and wage conditions.

DIAGNOSIS

ATTEMPT TO IMPROVE CONDITION BY REMOVAL FROM CONGESTED EASTERN CITY, FOLLOWED BY UNEMPLOYMENT, AND INSUFFICIENT INCOME FOR HEALTH NEEDS.

Case No. 263

1912
Identification Data

In April, 1912, a young couple with one child came to the attention of the Detroit social agencies. Mr. C., 21 years of age, had come to this country from England six years previously; his wife also of English descent, 20 years of age, had lived in this country for eight years. The family with their ten months old baby had been for six weeks in the city of Detroit.

Illness of Man

Previous to their coming to this city Mr. C. had been ill with pneumonia for three months and could not do heavy work. He had formerly been working in the mines in the vicinity of Pittsburgh. He was still weak

Family in Debt

Ask Boarding Home for Child

from the illness and was working only half-days at window cleaning. The family were in debt for about fifty dollars and Mrs. C. was anxious to obtain work for several months to assist in paying off their debts, so they could start housekeeping for themselves. They asked that their child be boarded temporarily so that both the man and woman could go to work.

The investigator reported that the baby was clean and apparently well cared for, and that the couple seemed devoted to each other. The window-cleaning company by whom the man was employed was interviewed and stated that the man had worked for them for five weeks on half-time and seemed to know his work, covering a good deal of territory for the number of hours put in. His wages during this period averaged about $7.00 a week. The baby was placed temporarily in a boarding home and the woman found work at the place where the man was employed.

Man Good Worker

Low Wages

Employment of Woman

Request was made by the Associated Charities for investigation of the family during their stay in Pittsburgh and the following information was secured:

Pittsburgh Associated Charities Record of Family

The Associated Charities of Pittsburgh had known the family since early in 1912 when they applied to them because of the destitute circumstances and inability to meet their debts, including the rent of their house. The necessary relief was given them; after much effort work was secured for the man at $1.50 a day. The following is quoted from a letter sent by the Pittsburgh Associated Charities:

"As the man's work was a great distance from his house, requiring twenty cents car-fare every day, we planned to move them to one of the company houses within walking distance from the steel mill. As they had lost their furniture through non-payment, arrangements were made for sufficient furniture for them to keep house with. Just as these plans were completed the man lost his job through laziness and objecting to take orders from his foreman. The next thing we heard was that they had gone to Detroit." The Pittsburgh social worker visited the home of Mrs. C.'s parents and found their circumstances as follows: "Mrs. C.'s father is a miner but for the past three months had been unable to work as the result of an injury. They have three children; the oldest a boy of fifteen, who earns five dollars a week. The boy's wages, together with the sick benefit which the man received through a lodge, are all the income they have at the present time, and it was therefore impossible for Mrs. C.'s parents to assist them. Mr. C.

has no relatives in this country. It was further learned that Mrs. C.'s parents had opposed the marriage because of the girl's youth, but had no objection to Mr. C. except his youth. Mrs. C.'s mother stated that Mr. C. had no bad habits, but had had bad luck since they were married."

Michigan Children's Home Society

One month after the Michigan Children's Home Society had taken the child for temporary boarding care Mrs. C. called at their office and stated that her husband had fallen from a third-story window and broken his arm and ankle. The company had sent a physician who said that the man would be incapacitated for about six weeks. For this reason they would be unable to take the baby back into their care as they had hoped to do the following month. They had already paid off half their debts.

Industrial Accident

No Compensation Received

Associated Charities

Man's Inability to Work

Poor Commission
No Relief Granted

The agency investigated the man's industrial accident with a view of ascertaining whether it would be possible for him to receive compensation. It was learned that the man's injury was caused by the fact that he was supporting himself by holding to a screen on the third-story window and that the screen gave way. Under the Industrial Accident Law at that time, the man was not entitled to compensation because of his contributory negligence, and it was impossible to obtain compensation for him. During the next month the Associated Charities was called in because the man was unable to work and the family were destitute. They were given temporary assistance. The family was advised to return to Pittsburgh but the woman protested, saying that the man had never been able to find satisfactory work there, and that they would not be able to get along. They applied to the Poor Commission but having no legal residence, were offered transportation back to Pittsburgh, which was refused. By July the man was able to renew his work; the child was returned to the family, and the case was closed by the various agencies who had been working with them.

1913

Irregular Employment of Man

Woman Asks for Work

There is no further record of this family for eighteen months, when the woman again applied to the Associated Charities asking for employment at day work. She stated that her husband had been working regularly receiving twenty to twenty-five cents an hour but this was a slack season in window-cleaning and there were many days when he did not work at all. The woman was registered at the Y. W. C. A. Employment Bureau, but was getting no work through this source as they were

Associated Charities

turning away from twenty to thirty women every morning at this time owing to the scarcity of employment.

The Associated Charities investigated and found that the woman was suffering some internal trouble, attending clinic and was not in a condition to work. Steps were taken to assist the family but the woman returned to work in spite of her condition. At this time there is a record of the Visiting Nurse Association who were called in January, 1914. The woman had just returned from the hospital where an operation had been performed on her for prolapse of the uterus. Nursing care was given at this time. Five months later, the Visiting Nurse Association was again asked to give service to Mrs. C. The diagnosis at that time was nephritis and after several months the patient was discharged, condition improved.

1914

Woman Ill

Visiting Nurse Association

Hospital and Nursing Care for Woman

Unemployment of Man and Woman

Two months later the family again returned to the Associated Charities asking for employment, as both man and wife were out of work. The man was referred to the Poor Commission and the woman to the Young Women's Christian Association Employment Bureau, but there is no record of their obtaining work at these sources. In January, 1915, the case recurs in Grace Hospital where the oldest child—there is another child by this time—received medical treatment. The child's tonsils and adenoids were removed. A few months later this child is taken to the Board of Health Tuberculosis Clinic. The child suffered from colds but the family did not return for a final examination. The records of the Board of Health state that the man is employed as janitor and earns $60.00 per month and the wife does day work and earns on the average of $30.00 per month. This record is dated February, 1916. There is no further record of this family except in the two instances where the woman registered for day work, once with the Young Women's Christian Association Employment Bureau and later in 1917 with the Neighborhood House. The woman left her children in the Day Nursery while she was employed.

1915

Grace Hospital Illness of Child

Board of Health Clinic

1916

Woman Continues to Work

CASE COMMENT

It is interesting to note that from 1913 to the end of the record no relief was given this family with the exception of free clinical care for the children and employment for the woman. The only adverse criticism comes from the early record in Pittsburgh where the man is supposed to have lost his job through laziness. There is nothing in the history of the family in Detroit, however, to bear out this criticism. This is evidently an

economic problem complicated by illness of the various members of the family. Since the time of the industrial accident the law regarding compensation has been changed so that at the present time the man would be entitled to compensation if a similar accident occurred. The efficacy of the efforts of the social agencies in dealing with the employment and economic problems leaves much to be desired.

DIAGNOSIS

UNEMPLOYMENT, ILLNESS OF WAGE EARNERS, INDUSTRIAL ACCIDENT, LOW WAGES, INABILITY OF SOCIAL AGENCIES TO SUCCESSFULLY COPE WITH A CASE ARISING FROM INDUSTRIAL CONDITIONS.

Case No. 146

Identification Data

This family consisted at the time of study of husband and wife—ages 50 and 51—and five children ranging from 10 years to 20 years. They first came to the attention of the social agencies in 1907. At this time the family applied to the Associated Charities for relief because of unemployment of both the man and the woman. Since that time the social agencies of the city have been constantly in touch with the troubles of this family.

1907
Associated Charities
Unemployment of Man and Woman

Relief

The Associated Charities furnished employment and gave supplementary relief at this first contact. In 1907 the youngest child in the case was born, and the investigator, who was called in because the family was then in need, noted in her record that the man was shiftless and of low mentality and that the woman was untruthful. Following this first contact, the Associated Charities was called in again and again for investigations of the need of relief which was recommended on several occasions. The record at that time states that the man was probably suffering from locomotor ataxia. In 1910 the oldest boy was in the Juvenile Court. He was 14 years of age and was sent to the Lansing Reform School for larceny. The husband and wife were quarreling at that time and were taken to the Juvenile Court on a charge of neglect, and the two younger children were placed in boarding homes temporarily.

1910
Juvenile Court
Oldest Boy Sent to Reform School
Neglect
Children in Boarding Homes

Another charge of neglect was entered against the parents six months later because they were neglecting their nephew who was living with them at this time. The nephew was returned to his mother and the case was closed. In 1910 the man was in the County Jail for petty larceny.

Man in County Jail
Larceny

TROUBLE CASES

1911
Man and Woman Accused of Larceny and Neglect

In 1911 the man and woman were both accused of larceny and of neglecting and abusing their children. There is no record of definite court action between 1910 and 1913, with the exception that the oldest boy was sent to the Lansing Industrial School. In February, 1913, the family again applied to the Associated Charities because of illness and unemployment and the man was sent to St. Mary's Hospital for medical care.

1913

Illness and Unemployment
Grace Hospital

The man left the hospital without having necessary medical care and a few months later returned to the Grace Hospital which he again left, without having the operation performed. During this period there seems to be a conflict between several agencies working on the case. The Associated Charities gave temporary relief and obtained work for the woman on several occasions.

1914

News Goodfellows
Man Has Tuberculosis

In January, 1914, the case was reported to the Society for the Prevention of Cruelty to Children by the Detroit News Goodfellows, as the man appeared to have tuberculosis. The Society for the Prevention of Cruelty to Children ordered the man to go to the Tuberculosis Hospital and left the case to the Goodfellows for friendly visiting. In March, 1914, the oldest girl, then 14 years of age, was in the Juvenile Court for sexual delinquency, and the case was referred back to the Associated Charities who attempted supervision for several months and then referred the case back to the Society for the Prevention of Cruelty to Children. In May the man had finally been prevailed upon to go to Eloise because of tuberculosis. He remained there only one day and then returned to the bosom of his family. In December, 1914, one of the younger children, aged 10, was run over by an automobile and sent to the Children's Free Hospital who cared for the child and referred the family to the Associated Charities for Christmas relief.

Juvenile Court

Oldest Girl Delinquent

Man in Eloise Sanatorium

Child in Automobile Accident

1915
Family Begging

In March, 1915, the family were begging and the man at this time was in the House of Correction for disorderly conduct. The case was then opened in the Juvenile Court for neglect, and two of the children were sent temporarily to the Rescue Home by order of the Juvenile Court. While the boy of ten was in the Children's Free Hospital, it was discovered that he was suffering from chorea and congential syphilis. The Social Service Department attempted medical care in the home, but the family would not cooperate and the treatment with salvarsan was not finished.

House of Correction

Children's Free Hospital

Venereal Disease

Children Taken from and Returned to Parents

For six months the children were taken away from the parents. At the end of this time they were returned to the parents on probation. For a few months the

1916
Oldest Girl Miscarriage

family was apparently getting along well, but in June 1916, the oldest girl, who was on probation, had a miscarriage, the evidence seeming to point to an uncle who was living in the home. The girl was sent to the Receiving Hospital and the Wasserman test showed positive.

1917
Poor Commission

Psychopathic Clinic
Children Feebleminded

Family Disappears

In September, 1916, one of the boys, then aged 13, was tested by the Board of Education Clinic and found to be three years retarded. In March, 1917, the case was referred to the Poor Commission for supervision. The man was not at that time living with the woman. The minor children were wards of the Juvenile Court. The two younger children were referred to the Psychopathic Clinic of the Juvenile Court and were found to be feebleminded and were committed to the Lapeer Home and Training School. Application was made for them at Lapeer, and steps were being taken to give the whole family mental examinations when the family left town. They have not as yet been located.

CASE COMMENT

The records extending over ten years in as many organizations indicate a subnormal family with syphilitic complications. Throughout the record it is obvious that the relief, medical, and corrective agencies were unable to make a definite disposition because of lack of jurisdictional authority over subnormal adults.

DIAGNOSIS

SYPHILIS, RESULTING IN CHRONIC ILLNESS OF FATHER, FEEBLEMINDEDNESS, AND DELINQUENCY ON PART OF CHILDREN.

Case No. 171

Identification Data

Family consisting of father, 42 years old; mother, 39; seven children, ages ranging from 2 to 17 years; have been known for over five years to the relief, correctional, and medical agencies of this city by the time this case was studied. Very little is recorded of the early history of the family, except that they were immigrants and had been in this country for 20 years, all of the time in Detroit.

1912
Babies' Milk Fund
Nursing
House of Correction
Non-Support

The first agency to come into contact with the family was the Babies' Milk Fund for prophylactic nursing in 1912. The father, who had been operating a saloon in the foreign section, was spending sixty-five days in the House of Correction for non-support of his family. He was released on bond before he had served his sentence. The Babies' Milk Fund made several visits and centered

Man in St. Mary's Hospital

Alcoholism
Man Unemployed

Poor Commission
House of Correction

Non-Support

1914

Babies' Milk Fund

House of Correction

Associated Charities

Investigation Reveals man in House of Correction Nine Times

Alcoholism
Epilepsy

1915
Man sent to Wahjamega Epileptic Colony

1916 and 1917
Poor Commission

Inadequate Relief

its attention on the welfare of the children, but did not refer the case for solution of the domestic problems which evidently existed. The case was next reported by the Poor Commission which was called in to give temporary relief to the family, the father at that time being in St. Mary's Hospital suffering from acute alcoholism. He was unemployed three months before going to the hospital. Relief to the family was given by the Poor Commission while the man remained in the hospital. Three months after his release from the hospital he was again sent to the House of Correction for sixty days because of non-support.

There is no further record of the family in any of the agencies during the year following the man's release from the House of Correction. But the Babies' Milk Fund was probably in touch with the case because of the birth of another child. It was this agency, anyway, which referred the case to the Associated Charities in July, 1914, for an investigation of the perplexing conditions existing in the family. The investigator discovered that the man had been only irregularly employed for the past four years and that these intermittent working periods had been punctuated with alcoholic sprees and sentences in the House of Correction. At the time that this final analysis had been made there were altogether nine sentences. Also, the investigator found that the woman had been employed at labor on a farm at $6.00 a week. The family were also receiving an income from the rent of the house which they owned, and which they had acquired in the days when the father was a saloon-keeper. The investigator referred the man to a physician for an examination, who diagnosed him as alcoholic and epileptic, but the case was not in his opinion serious enough for him to be sent to Lapeer Home and Training School. The man spent another period in the House of Correction because of disorderly conduct and drunkenness. The wife was prevailed upon to apply for commitment of the man to the Epileptic Colony at Wahjamega, which had recently been established.

The man was sent to Wahjamega in February, 1915. Following the removal of the man the family applied frequently to the medical clinics for illness of the woman and children. The family were receiving at this time $3.00 a week, shoes, and fuel from the Poor Commission, but complained continually of not receiving sufficient relief, and in January, 1917, relief was increased to $14.00 a month. In 1916 the oldest child became of working age and thereafter contributed somewhat to the family

Child Killed in Automobile Accident

Juvenile Court Mothers' Pension

income. A child of four was killed by an automobile, while playing in front of the house. The mother at this time was employed as janitor at $30.00 a month and was therefore unable to give much attention to the younger children. In June, 1917, the relief in this case was assumed by the Juvenile Court Mothers' Pension—the woman being awarded a pension of $3.50 a week. Estimate of the family's needs seemed to indicate that this would be sufficient ,the balance being derived from the wages of the oldest child and the rent of the house, without making it necessary for the woman to seek outside employment. This is the last data available at the time the analysis was made.

CASE COMMENT

This case reveals that the police courts and House of Correction are working in entire isolation, allowing an epileptic man to be committed nine times. The inefficiency of these public agencies in not making use of social investigation of family conditions, medical or psychological examination, throws back to the community an unsolved problem which has been aggravated by their handling of the case. It is further evident that no definite standards of relief had been adopted by the community at this time, at least not until 1915.

DIAGNOSIS

EPILEPSY, ALCOHOLISM, ABSENCE OF MODERN VIEWPOINT ON PART OF COURTS AND CORRECTIONAL INSTITUTIONS, IMPERFECT STANDARDS OF RELIEF.

Case No. 395

Neighborhood House

Abuse by Husband

Associated Charities Children's Aid Society

No Legal Marriage

The family first came to the attention of the Neighborhood House where the woman applied for the services of the Day Nursery for her child while she was out of her home doing day work. The woman reported that her husband was abusing her and that she had left him and was staying with her parents. The Neighborhood House referred the case for investigation to the Associated Charities and the Investigation Bureau recommended that the child be given nursery care and referred the case to the Children's Aid Society.

Upon investigation the agency discovered that this man—French-Sicilian descent, age 41—had been living with the woman of English-Canadian descent, age 25—for six years, but that they had never been legally married. According to the man's story, recorded in the Children's Aid Society records, the man declared that when

Epilepsy of Woman

he first met the woman she was earning $3.00 a week in a candy factory, was epileptic, and was finding great difficulty in supporting herself, and that it was simply a charitable act on his part in taking her in and supporting her. He had told her at the beginning that he would never marry her. He did not intend to live with her again, but wished the custody of their only child, about one year of age.

Bastardy

Police Court

County Jail for Man

The woman reported that the man was abusive and cruel to her and that he had performed several abortions on her. A warrant was taken out against the man for bastardy, and upon examination, he was held in Police Court on a bond of $500.00. Although the man held property he refused to take out the bond and was sent to the County Jail for six months.

Juvenile Court

Psychopathic Clinic

In the meantime the woman had applied to the Juvenile Court Mothers' Pension Department for relief, as she was unable to support the child. The Juvenile Court referred the woman to the Phychopathic Clinic for examination, who diagnosed her case as epilepsy, but did not recommend institutional care at this time.

Degeneracy of Woman's Family

The woman herself was an illegitimate child, and came from a low-grade immoral family. Her mother was considered low grade; a half-sister of the woman was reported to be in a house of prostitution; and two other half-sisters were committed on account of delinquency to the House of Good Shepherd. The woman had been brought up by an aunt apart from the other members of the family, and competent observers were of the opinion that now that she was separated from the man, she should be given an opportunity to bring up her child under supervision. The father of the illegitimate child, although abusive and cruel to the mother, had an extreme affection for the child and resisted this action.

Woman Granted Custody of Child

The question as to which one of the parents should have the custody of the child arose, and the decision was finally made that the woman was competent to have the responsibility, if there was someone to look after her during her epileptic seizures, which were not very frequent at this time. She was therefore granted a pension of $3.00 a week by the Juvenile Court and at the same time the Circuit Court ordered the father to pay the woman $3.00 additional for the care of the child.

Father Ordered to Pay $3.00 a Week

Eight Months Later

Woman Pregnant by Another Man

About eight months later the Supervisor of the Mothers' Pension discovered that the woman was again pregnant and that the father of the child was another man with whom she had been living. Upon further examination of the woman by the Psychopathic Clinic, in-

Woman Sent to Epileptic Colony

stitutional care was advised, both because of her social history and the progress of the disease, and the woman was immediately transferred to the Wahjamega Farm Colony for Epileptics.

Bastardy Charge Against Second Man

In the meantime, in spite of the reluctance of the woman, a warrant for bastardy was taken out against the second man, who claimed that he was ready to marry the woman. (Note:—Under the laws of Michigan a person suffering from epilepsy is not allowed to enter a marriage relationship). The man was bound over to the Circuit Court for trial.

Death of Second Illegitimate Child

A few months after this the woman and baby were brought in from the Epileptic Colony to testify against the father of the child. While they were in Detroit, the child suddenly died of heart trouble. The father of the child was ordered to pay the funeral expenses and the case against him was dropped. The woman returned to the Epileptic Colony and in the meantime the first child was boarded in a home by the Child Caring Agency.

Death of First Child

During this period the father of the first child took considerable interest in his welfare. In September 1918, the child was badly burned in an accident in the boarding home, was taken to the hospital and died the same day.

CASE COMMENT

This case illustrates the difficulties of case work with individuals who do not maintain legal standards of family relationship. The problem is further complicated when illegitimate relations are entered into by defectives. The state law prohibiting legal marriage of defectives is salutary, though it does not prevent illegitimacy. The development of the case indicates that the giving of the care of the child to a woman of this nature was questionable procedure.

DIAGNOSIS

EPILEPSY, ILLEGITIMACY, PLACING UNDUE RESPONSIBILITY UPON DEFECTIVE INDIVIDUAL.

Case 652

Identification Data

Family consists of man and wife, thirty-five years of age, and five children, ages thirteen years to fourteen months. The man is a Roman Catholic and the woman became one. Both were born in the United States and both had been in Detroit five years, the man was irregularly employed as a barber and his wages were $15.00 a week. Earlier record in Toledo. Detroit did not find out record.

1914
Children's Aid Society
Non-Support
Temporary Relief
"Reconciliation"

1915
Illness of Man and Children

1916
Visiting Housekeeper Association
Family Not Co-operative

Tuberculosis Test Negative

1917
Application Bureau
Investigation for Neglect
Children's Aid Society

Truancy
Religious Differences of Man and Woman
Society of St. Vincent de Paul

The story of the case opens with the Children's Aid Society who in November, 1914, find that the mother and children are at the Home of the Friendless; the father is not supporting the family, and the children are truants. Temporary relief is supplied to the family by a volunteer, clothing is secured for the children, and soon the agency is able to report that the man and wife are "reconciled" and are living together.

Between November, 1914, and June, 1915, the man is irregularly employed at low wages. Early in June he is reported as unemployed and sick. He refuses to go to a clinic. December, 1915, finds him ill and still unemployed, and the youngest child ill with pneumonia. It is suspected that one of the other children has tuberculosis of the spine and clinical examination is advised.

Throughout 1916 the Visiting Housekeeper Association, to whom the case was referred by the Home of the Friendless, has contact with the family. At different times they report that the employment situation for the man has been somewhat improved. They seem to be unsuccessful in dealing with the woman, who refuses to take her child to the clinic, and refuses advice as to how to keep her house orderly and clean. At one time the family moved, taking with them some of the landlord's furniture. By November, 1916, the Board of Health Tuberculosis Clinic has the case for examination for another one of the older children, who is suspected of having tuberculosis. The examination, however, shows negative results.

In January, 1917, the Board of Health nurse reports to the Application Bureau that the family is destitute and about to be put into the street. The Application Bureau is asked to investigate the case for neglect and it refers the case to the Children's Aid Society where it originally began. When the Children's Aid Society came to investigate they found that the family had moved, leaving no address. However, a month later, the Application Bureau locates the family and again asks the Children's Aid Society to investigate. Nearly a month elapses before a record of the investigation appears, but when it does the Children's Aid Society reports the children truant. Further inquiry finds that the man is sick and that he blames the Protestant schools for the truancy of the children. As a result, the mother, who became a Catholic, agrees to send the children to a Catholic school. At about the same time the case is turned over to the Society of St. Vincent de Paul for further treatment. This organization upon request of the Application

Neglect Complaint Juvenile Court

Family Leaves City

Bureau finds in March that the children are still truant and neglected. Meanwhile, the Board of Health reports that the family is living in filth and that the parents are not fit to care for the children. At the request of the relatives, the Society of St. Vincent de Paul filed a neglect complaint in the Juvenile Court asking for removal of the children. But upon investigation it is found that the family has moved to Toledo and that it will be necessary to bring them back through the Toledo Court.

CASE COMMENT

After two and a half years of treatment for this family by seven social agencies, the last condition seems worse than the first. The illness and unemployment of the man are doubtless factors in the breakdown of his morale, and they probably have the same effect on the woman. What the nature of the man's illness is, the records do not reveal—a very grave omission. So far as the records are concerned there has been no endeavor to remedy either the unemployment or the illness of the man. The early report of one of the agencies that the man and woman were "reconciled" was premature, as future developments indicate. It is quite possible that better work was done on the case than the records indicate; it is even possible that with the best of case work no constructive building up of the family would have resulted; however, as the written records stand, it tells the story of a series of ineffective efforts that finally land the family with their problems in another city, presumably for other agencies to begin all over again. It should, perhaps, be noted additionally that for nearly a year the Visiting Housekeeper Association works with the woman to teach standards in household management, apparently without success.

DIAGNOSIS

IRREGULAR EMPLOYMENT OF THE MAN, DOMESTIC FRICTION, POSSIBLY DUE TO SOME EXTENT TO DIFFERENCE IN RELIGIOUS BELIEFS, ILLNESSES OF FATHER AND CHILDREN, LACK OF RESPONSIBILITY AND WILLINGNESS TO CO-OPERATE ON THE PART OF THE MOTHER.

Case No. 821

1915
Poor Commission

On the last day of 1915 the L. family came to the attention of the Poor Commission. One week previously this American family, consisting of father, age 35, mother, 30, and six children, from 1 to 12 years, had left the farm owned by the man's father because it was too small to furnish adequate support to both families, and had come to this city to live with the woman's mother, a widow, who was herself receiving relief from the Poor Commission. Mrs. L. had been in a hospital at Ann Arbor for one month before coming to Detroit, (the hospital expense had been paid by the man's parents). When the investigator for the Poor Commission found the family, ten of them were living in one room, and the father, who had spent his working life on a farm as a farm laborer, had not as yet been able to find employment. The owner of the house in which they were living was complaining bitterly of the overcrowding and unsanitary conditions. The Poor Commission gave emergency relief, provisions and fuel, and obtained employment for the man.

Family Destitute

Unemployment of Man

Wretched Living Conditions

Relief

Society of St. Vincent De Paul

Two weeks later the man was again out of work; the family was destitute, and applied to the Society of St. Vincent de Paul. This society investigated and found the family destitute and the youngest child ill with diptheria. The child was sent to the Children's Free Hospital and transferred to the Herman Keifer Hospital. The family were referred back to the Poor Commission for relief. Because of the unsanitary conditions of the household the family were referred to the Visiting Housekeeper Association for instruction. During the next four months there were four agencies dealing contemporaneously with the family, the Poor Commission, the Visiting Housekeeper Association, the Department of Social Service of the Children's Free Hospital, and the Society of St. Vincent de Paul.

Child in *Children's Free Hospital*

Visiting Housekeeper Association

1916

Family Refuses Transportation

During the second unemployment period of the man it seemed possible that the family might become chronically dependent, and they were offered transportation back to their legal residence. This the family refused.

Temporary Relief

The Conference of St. Vincent de Paul had given temporary relief in this case and had then referred the family to its Child Caring Department for social work. The social worker made several visits. In March the man was working, earning about $2.00 to $2.50 a day. In April the house was condemned by the Board of Health and the family moved to another place.

Low Wages

Family Moved

SELECTED CASES

The records of the Visiting Housekeeper Association read that in February the man was earning $11.40 per week as an unskilled laborer. In March he was earning $15.00 to $18.00 a week and the house was cleaner. The hospital would not return the convalescent child until the family had moved, and in April, after condemnation proceedings by the Board of Health, the family moved, address unknown to the Visiting Housekeeper Association, and the case was closed May 27, 1916.

Society of St. Vincent de Paul
Maternity

There is a lapse in the records from May to November, 1916, when the family does not appear in the charitable agencies; but in November, 1916, the family again apply to the St. Vincent de Paul Society because of destitution. Mrs. L. had given birth to another child without receiving medical or nursing care or attention, and the man was staying home giving care to his wife. The Conference of St. Vincent de Paul Society furnished clothing, bedding and supervision, and called in the Welfare Department of the factory in which the man was employed, suggesting to them that they increase the man's wages, if possible. The man at that time was earning at the rate of 26c per hour. This ends the record available at the time of study.

Low Wages

Increase Asked by Social Agency

CASE COMMENT

This case involves an economic problem of low wages, complicated by illnesses of various members of the family. It is illustrative of the extreme difficulties encountered by a family of this type locating in Detroit without resources. The efforts of the agencies in trying to obtain for the man larger wages indicates that they have made a correct diagnosis of the case. But there was a long period of ineffective effort before this diagnosis was made. More generous standards of relief would have lessened the family difficulty.

DIAGNOSIS

ECONOMIC DIFFICULTIES OF NATIVE WORKER IN NEW ENVIRONMENT; ILLNESS OF CHILDREN; POOR HOUSING; INADEQUATE RELIEF.

Chapter III.

Statistical Data

The case records contain a great amount of data available for purposes of study. This material can be conveniently classed under three heads:

(a) Data for purposes of identification such as name, address, age, nationality, religion, occupation.

(b) The experiences and problems of families as revealed in the case histories.

(c) The services and efforts of the agencies which are in contact with the families.

The purpose of this chapter is to summarize in statistical form the identification data, which is for the most part recorded upon the face sheet of the case record. This material facilitates the approach to the study of family problems which is reserved for a later chapter.

Table III.—Ages of Heads of Families by Groups*

Age Groups	Number	Percent
20-24	25	4.0%
25-34	192	29.7%
35-44	279	42.7%
45-54	119	18.3%
55-64	19	2.9%
65 and over	16	2.4%
	650	100 %
Unrecorded	102	
TOTAL	752	

It is to be especially noted that although five or more agencies were recording data in every case, 102 cases contained no reference to the age of the parents; also that 76.4% of heads of families were under 45 years of age and that 5.3% of the heads of families were over 55 years old.

*Fathers in 585 cases, mother in 67 cases.

Table IV—Correlation of Age Tables With 1910 Census for Detroit

Males—Ages	Population	Percent of Total Male Population Over 20	No. of Trouble Cases	Percent of Total Trouble Cases
20-24	29,399	19.0	25	4.0
25-34	51,137	33.0	192	29.7
35-44	33,972	21.9	279	42.7
45-64	33,379	21.6	138	21.2
65 and over	7,017	4.5	16	2.4
Total	154,904	100%	650	100%

Males between the ages of 35 and 44 were 21.9% of all the males, 20 years and upwards in the population of Detroit in 1910, but this group included 42% of all the heads of families in *"trouble cases"* in 1917. The conclusion from this is that heads of families between ages of 35 and 44 are more likely to become *"trouble cases"* than those below and above that period; that individuals over 45 are problems in proportion to their population ratio, and that individuals under 25 form charity cases rarely and are much fewer than their proportion of the population.

With the knowledge that the majority of these families come in touch with social agencies because of inadequacy of income (see page 44) the inference can be drawn that the middle years of family life, when there are usually a number of young children, is more likely to be a time of economic need. It is also the period when certain diseases and domestic problems are most prevalent!

Table V.—Nationalities of Trouble Cases.

(father, when living—otherwise mother.)

Nativity	No. of Families
United States	242
Poland (German, Russian, Austrian)	105
Russia	78
Germany	63
Austria Hungary	42
Canada	33
Italy	26
England	19
Ireland	19
France	14
Syria	13
Scotland	9
Armenia	6
Roumania	5
Greece	2
Denmark	2
Belgium	1
Finland	1

Table V.—(Continued)

Serbia	1
Spain	1
Unrecorded	70
Total	752

There being no statistics at hand of the percentages of the total population for the different nationalities in Detroit during the time of this study, it would be amiss to attempt any conclusions regarding the correlation of problems with nationality. It is possible that distribution of problems among different races corresponds roughly to the distribution of nationalities among the total population of Detroit. If this be so, the racial factor is of comparatively minor importance. The U. S. Census report for 1910 could not be used in this connection because the rapid growth of the city has probably changed the distribution of nationalities in Detroit.

Table VI.—Religion of Families

Catholic	307
Protestant	254
Jewish	95
Greek Orthodox	24
Others	2
Unrecorded	70
Total	752

If the various problems that families present are divided into a threefold classification as follows:

(a) Economic.
(b) Health.
(c) Family Relationship.

then, the following correlation between religious affiliations and types of problem will be of interest.

Table VII.—Religious Affiliation and Types of Problem

	Total No. of Families	Number who Have Economic Problems	Percent	Number who Have Health Problems	Percent	Number who Have Family Problems	Percent
Catholic	307	213	70	220	70	187	60.9
Protestant	254	152	60	166	65.3	174	68.4
Jewish	95	86	71.6	86	90.5	30	31.5

The high incidence of health problems among the Jewish cases is noteworthy, also the low incidence of family problems. This would seem to confirm the prevailing notion that domestic problems are relatively infrequent in Jewish families. Such however

would be an unwarranted conclusion from the above data, for the reason that the case work with the Jewish families in which there are domestic problems is confined largely to the United Jewish Charities. This being so, as domestic problems, they do not reach the five agency stage, which would be necessary to make them *"trouble cases."* On the other hand, the Jewish families may appear in larger proportion as health problems for the reason that they are more alert to the value of health agencies and are quick to avail themselves of their services.

Table VIII.—Length of Residence in U. S.

	No. of Famlies	Percent
Less than five years	29	4.6
Between five and ten years	71	11.2
Between ten and fifteen years	73	11.6
Between fifteen and twenty years	61	9.7
Twenty years and over	101	16.0
Born in the U. S.	296	46.9
Total	631	100%
Unrecorded	121	

72.6 per cent of Detroit's *"trouble cases"* were either born in this country or had lived in the United States for more than fifteen years. Only a few of these families are recently arrived immigrants.

Table IX.—Length of Residence in Detroit

	No. of Famlies	Percent
Less than one year	10	1.6
One year but less than five	149	24.0
Between five and ten years	153	24.6
Between ten and fifteen years	78	12.5
Between fifteen and twenty years	33	5.3
Twenty years and over	83	13.2
Born in Detroit	117	18.8
Total	623	100%
Unrecorded	129	

Thirty-eight per cent of the *"trouble cases"* for which data are available have lived in the city of Detroit for more than fifteen years, including the 18.8% who were natives of Detroit. To a very large degree the problem is not of drifting families. According to the estimate of Polk's Directory the population of Detroit increased from 376,437 in 1902 to 820,778 in 1917. Thus, it is evident that during the last fifteen years Detroit has received a tremendous influx of population. Therefore, the 62% of *"trouble cases"* who have lived in Detroit less than fifteen years is probably not out of proportion to the numbers of new comers.

TROUBLE CASES

Table X.—Occupations

MEN—

Unskilled Laborers—general	134
Semi-skilled laborers—machine	93
Skilled mechanics	68
Building Trades—	
Carpenters	23
Painters and Paperhangers	30
Other building trades	14
Transportation—	
Teamsters, chauffeurs, motormen and conductors	32
Domestic and Personal Service—	
Barbers, waiters, cooks and janitors	17
Trade—	
Clerks, salesmen, retail merchants, peddlers, and hucksters	34
Sailors	4
Professional	
Physicians, teachers, etc.	5
Miscellaneous	5
Total Occupations Recorded—Men	459

WOMEN—

Day work, domestic and personal service	232
Manufacturing and mechanical pursuits	11
Nurses	3
Canvassing, selling, etc.	3
Clerks	4
Palm Reader	1
Total Occupations—Women	254

Where several trades were followed by the same individual the occupation designated is that in which he spent the longest time.

The obvious conclusion from this table of occupations is that the families included in this study are recruited mainly from the wage earning groups.

Table XI.—Family Status

		Number of Families	
		At beginning of case record	At end of case record
A.	Parents living together, legally married, no domestic problem	470	282
B.	Father and mother living together, domestic problems within home:		
	Intermittent desertion	36	74
	Non-support	44	61
	No legal marriage	6	2
	Bigamy	5	1
	Common law marriage	4	2
C.	Families broken thru death of one parent, desertion, separation, divorce, and other causes.		
	Father dead	68	126
	Mother dead	15	27
	Illegitimacy	15	18
	Permanent Desertion—Fathers	38	42
	Permanent Desertion—Mothers	4	7
	Divorce	18	20
	Separation	19	48
	Father in Institution	6	27
	Mother in Institution	1	15

It is from this table that we can conclude that the breaking up of normal family life through the accident of death, or because of the behavior of one or both of the parents, is one of the outstanding factors in these *"trouble cases."* The causes and problems of family degeneration will be more fully discussed in the chapter on The Problems of Families (Chapter IV.). Nearly 64% of the families included in this report were disrupted, or had some serious domestic difficulty.

Table XII.—Number of Children in the Families

No. of Families (At the end of Case Records)	No. of living children
81 Families have only 1 child	81
91 Families have 2 children	182
135 Families have 3 children	405
142 Families have 4 children	568
90 Families have 5 children	540
88 Families have 6 children	528
53 Families have 7 children	371
27 Families have 8 children	216
25 Families have 9 children	225
10 Families have 10 children	100
752 Families. Total children	3,216

Average 4.3 children per family.

TROUBLE CASES

Table XIII.—Number of Problems* Occurring in the 752 Families.

1 problem was listed in	23 families
2 problems were listed in	87 families
3 problems were listed in	113 families
4 problems were listed in	148 families
5 problems were listed in	134 families
6 problems were listed in	102 families
7 problems were listed in	46 families
8 problems were listed in	40 families
9 problems were listed in	29 families
10 problems were listed in	11 families
11 problems were listed in	10 families
12 or more problems were listed in	9 families
Total	752 families

*By the term "problem" is meant a clearly marked difficulty which brings the family to the attention of the social agencies. Description of these problems and further tabulation is to be found in Chapter IV.

Table XIV.—Services Rendered to Families

	No. of Instances
Continued outdoor relief—six months or more	266
Temporary relief—less than six months	176
Intermittent relief—sporadic or small amounts	74
Emergency relief—small amounts pending investigation	79
Clothing	140
Fuel	37
Shoes	37
Mothers' Pensions, (Juvenile Court)	152
Temporary Boarding Homes for Children	144
Orphanages or Institutions for Children	51
Day Nursery for Children	46
Employment obtained	216
Summer Outings—Bay Court	81
Old Couples' Pension	6
Transportation	10
Loans	14
Free Burials	5
Shelter to Families or Individuals	32
Housekeepers obtained for families	4
Adoption Homes for Children	2
Soldiers' Pension	1
Hospital care	326
Clinical care	322
Nursing care	264
Mental Examination	119
Sanatorium and institutional care	122
Physicians' Services	42

TABLE XIV.—Services Rendered to Families—(Continued)

General Care, advice, and supervision	317
Special Investigations	219
Court action begun re adults	142
Juvenile Court re children	155
Housekeeping Instruction	78
Friendly Interest of Settlements and of Individuals	50
Legal Aid	47
Probation given	119
Sent to Correctional Institutions—Adults	72
Attention to Religious Questions	16
Deportation	5
Budget Planning	52

It is difficult to classify the services rendered these families. So much of the effort is of delicate and personal nature, involving psychological reactions between individuals, that measurement is hardly possible. The above table, then, presents merely the statistics of those services which may easily be classified.

CONCLUSIONS

The statistical material in this chapter indicates that the seven hundred and fifty-two families present a complexity of problems.

The majority of the families come from the poorly paid wage-earning classes.

Neither recent immigration nor unadjustment to the city is an unduly large factor in the problems of this group of families.

The age period between thirty-five and forty-five for the heads of the families is the time when these families are most liable to become problems for the social agencies.

The average number of children per family is slightly higher than is indicated in the United States Census for the population as a whole.

A large number of these families reveal some type of abnormality of family life, such as premature death of wage-earner, desertion, divorce, non-support.

The majority of the families seem to have a number of problems; and this is perhaps the reason why so many agencies were active in these cases.

Inadequate records is indicated by the lack of identification data in a large number of families.

Information regarding wages, and employment records was generally lacking.

Chapter IV.

The Problems of the Families

The material in the foregoing chapters presents a multiplicity of types and varying degrees of family experience which do not readily yield to analysis and classification. In a later chapter (Chapter V.) we shall speak of the skill needed for diagnosis of individual or family problems, and of the liabilities to defect and error inherent in case analysis. The difficulties to be found in the analysis of any one case are made manifold in attempting the diagnosis of the problems of the entire 752 families.

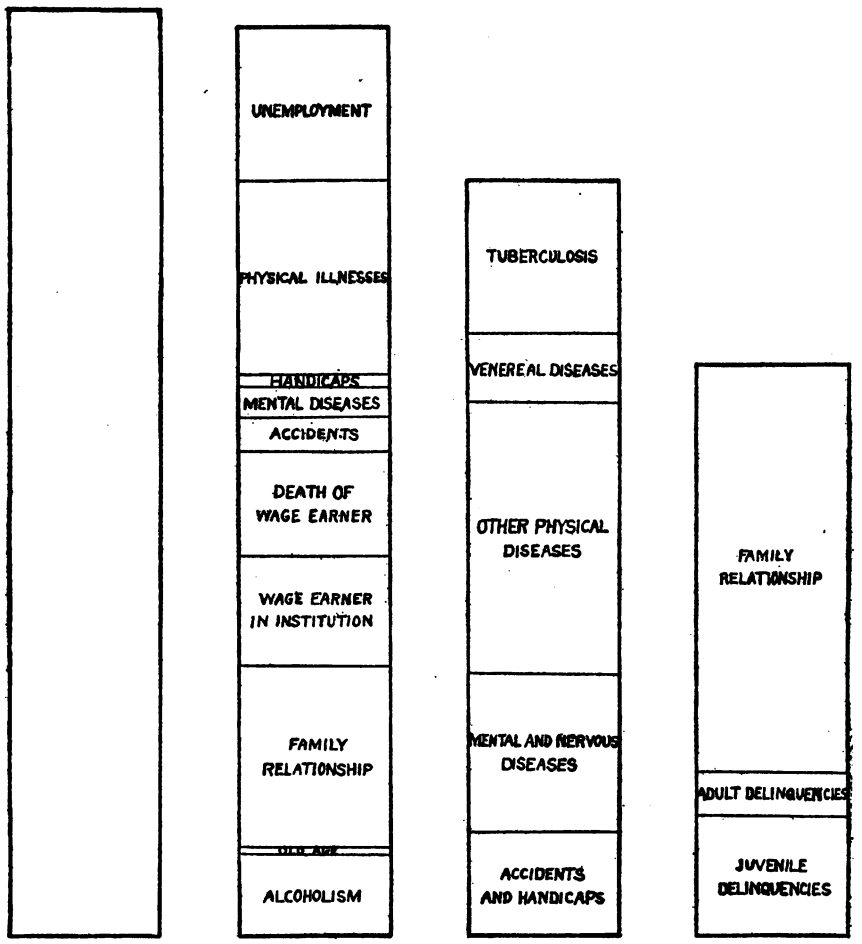
Each family included in this study involves a number of problems which may be regarded as the product of subjective and objective factors. It should be readily seen, therefore, that too rigid or exclusive an interpretation is untenable. Bearing in mind that these numerous factors are closely interrelated, that each family presents an unique situation, it is necessary for the purposes of study to attempt a simple classification to which the situations involved may be adapted. Any classification selected must appear arbitrary. With proper definition of terms, however, the classification should assist in throwing light on these problems.

The assumption of our society is that the normal family is a self-sustaining and independent unit, obtaining its necessary subsistance through the usual channels of industry; maintaining itself in a normal condition of health, and living in accordance with the laws and social conventions of the community. It is the accepted view that parents are legal guardians of their children; that the father is the responsible bread winner; that a marriage relationship is presumably permanent. It is further assumed in the case of failure of these legally responsible persons to function that their duties devolve upon either the state or private agencies. On the other hand, where these assumptions as to responsibility are fully realized, neither the state nor private agencies feel called upon to interfere or assist. Our study involves those persons who for one reason or another have been either unable or unwilling to assume their responsibilities, or who lack the necessary elements for normal living.

Coming, then, to our classification, there are three terms which may serve as a basis for a reasonable analysis of definite but not mutually exclusive problems. These terms are MATERIAL, PERSONAL, and SOCIAL. By these we mean that there is a problem of economic maintenance, of personal health, and of relationships within the family and the state. In classifying these families, therefore, we have considered their problems in accordance with the foregoing analysis as, I. Problems of Income; II. Problems of Health; III. Problems of Family Relationship and Individual Behavior.

PROBLEMS IN TROUBLE CASES

CHART SHOWING INTER-RELATIONSHIP OF PROBLEMS



TROUBLE CASES

I. PROBLEMS OF INCOME

The family unit requires a continuous flow of income. In the majority of cases the income is derived from wages, the reward of employment. It is necessary that wages be regularly received, and that they be sufficient to maintain a decent standard of living. Anything that interrupts the steady flow of income, or creates an insufficiency, such as unemployment or low wages, death or disability of wage earner, non-support, desertion, or alcoholism, creates a problem of income. As we progress further in this study we shall see how and why the inadequacy of income arose, what agencies existed in the city that were called upon to meet the need in these families, and how these agencies functioned.

In 736 of these 752 families (98%) there was inadequacy of income, requiring assistance from the agencies in the following ways:

1. Aid for the material needs of family within the home: shoes, clothing, fuel, food, and rent.
2. Aid for obtaining medical, hospital, clinical, or nursing service for member of family.
3. Services, such as legal aid, housekeeper, boarding of children.

In the remainder of the families (2.0%) the economic condition was such that neither relief nor free medical aid, nor other forms of gratuitous services were required. A family economically independent but with domestic problems is an illustration of this latter type.

A.—Causes of Income Deficiencies

What were the immediate problems that produced an inadequacy or lack of income, and made necessary application to the social agencies?

1—Unemployment—221 Families—29.4% of all Families

Unemployed Individuals

Fathers	176
Mothers	69
Wage Earning Children*	43
Total number of individuals unemployed	288
Number of instances of unemployment in records	379

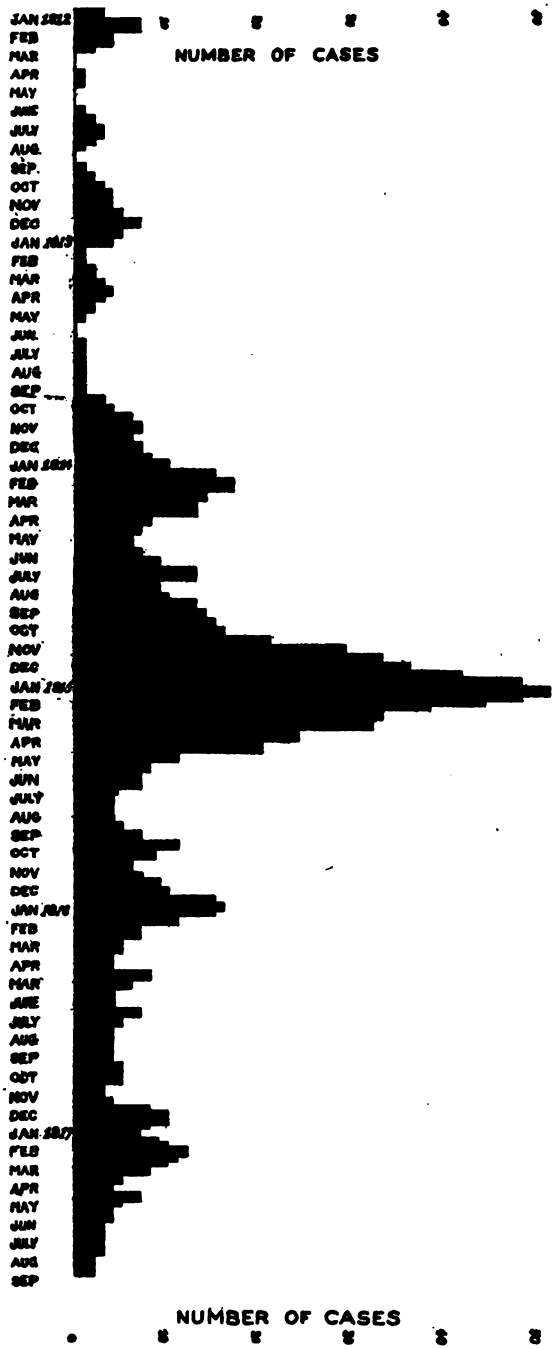
*Including adult sons and daughters as well as minor children.

Under this heading only voluntary unemployment of normal wage-earners who usually are employed has been considered. In these 221 families, circumstances beyond their control operating in industry cut off for various periods the regular wages upon which these families subsisted. The accompanying chart of unemployment periods in these families, brings out very clearly that unemployment is determined by industrial conditions. This chart

PERIODS OF INVOLUNTARY UNEMPLOYMENT

OCCURRING IN 752 TROUBLE CASES SINCE 1912

MALES OF 20 YEARS AND UP.



shows that by far the greater amount of unemployment occurs during the winter months, and that the winter of 1914-1915 was the most severe period of unemployment for these families. These cases of unemployment represent occasions only where application was made to some agency for relief because of unemployment.

In these 379 instances of unemployment, relief was given to the majority of the families over a temporary period until the increase in the available employment made it possible to find jobs. The winter of 1914-1915 was the particular period when thousands of unemployed in Detroit were receiving relief from various public and private sources. During other years the unemployment period was much shorter and work was more readily obtainable.

(a) Unemployment Cases—Poor Commission

Year ending June 30, 1913	49
Year ending June 30, 1914	439
Year ending June 30, 1915	2,419
Year ending June 30, 1916	200
Year ending June 30, 1917	152

2—Health—Income Problems; 360 Families; 47.9% of all Families

This second group is concerned with deficiences of income due to diseases or disabilities which temporarily or permanently disable wage-earners from occupying a normal place in industry. The aspect of the health problem here relates to the financing of families during periods of disease or disability. Lack of health, mental or physical, was more prevalent than is indicated in the above number of families; but where this did not entail also a lack of income it does not here appear. (See Chapter IV, Part 2, Problems of Health).

(a)—Physical Illnesses Responsible for Lack of Income in Families

279 Families—37.1% of all Families.

	No. of Families	Fathers	Wage Earning Mothers	Wage Earning Children
Tuberculosis	93	84	3	6
Respiratory diseases	33	27	5	1
Venereal diseases	32	26	1	5
Disease of blood, bones and joints	39	35	3	1
Disease of digestive system	19	14	4	1
Diseases of heart and arteries	12	10	2	—
Diseases of kidney and liver	9	9	—	—
Diseases of eye, ear and ductal glands	7	6	1	—
Diseases of skin	3	1	1	1
Hernias	4	3	1	—
Infectious diseases	4	3	—	1
Unclassified diseases	24	17	4	3
Totals	279	235	25	19

(b)—Handicapped Wage-Earners
16 Families—2.1% of all families

	No. of Families	Fathers	Wage Earning Mothers	Wage Earning Children
Cripples	9	6	—	3
Blind	5	4	—	1
Deaf, Deaf Mutes	2	1	2	2
Totals	16	11	2	6

(c) Mental Diseases as Cause of Lack of Income in Families
35 Families—4.7% of all families.

Insanity	22	22		
Feeblemindedness	1	1		
Epilepsy	3	3		
Other mental diseases	9	9		
Totals	35	35		

(d) Industrial and Other Accidents
46 Families—6.1% of all families.

Industrial	22	18	1	4
Traffic and other accidents	24	21	2	1
Totals	46	39	3	5

The diseases and disabilities included in the foregoing are of varying character, some disabling only temporarily, others of a more permanent nature. In considering the economic implication of these diseases the following is pertinent:

There are very few instances where the families were receiving disability insurance, sick benefits or assistance from employers at the time when applications for public relief were made. Savings or reserve resources of any kind were lacking in most of these cases of disabled and diseased wage-earners. Even in cases where the compensation or disability insurance was received, it was usually inadequate for the family's needs.

In the foregoing cases the problem presented to the community is the financing of the wage-earner's family during this disability. At present industry makes little or no provision for these emergencies. Resources are soon exhausted and the problem is met, if at all, through relief from the social agencies.

3—Death of Chief Wage-Earner as Cause of Lack of Income in Families
149 Families—20% of Total No. of Families

Occurring among fathers	145 cases
Occurring among mothers	3 cases
Occurring among children	1 case
Totals	149 cases

TROUBLE CASES

Until the Mothers' Pension Law became effective, widows were receiving relief from the Poor Commission or from private sources. Since 1913, the Mothers' Pension of the Juvenile Court has been the chief source of public relief in widows' families.

The records indicate that life insurance which existed in relatively few of the cases, was of meager and temporary assistance in financing the dependent families.

4—Wage-Earner in Institution as cause of Lack of Income in Families

159 Families—21.2% of all Families

	No. families affected	Instances
Type of Institution:		
Penal and correctional	98	210
Sanatoria, State Hospitals (tuberculosis, insane, etc.)	61	81

5—Lack of Income Due to Domestic Relations and Difficulties

262 Families — 34.8 Per Cent of All Families

	No. of Families
Permanent Desertion (man)	42
Temporary Desertion (man)	99
Divorce (non-payment or insufficient alimony)	27
Non-Support	94
Separation	48
Mother unmarried	44

The above instances of domestic difficulty involve, as a general rule, problems of behavior on the part of men, and failure to assume economic responsibility for dependents; and these occasions result in economic and income problems for the women and children.

6—Lack of Income Which Can be Ascribed to Old Age

(Eight families; 1.0% of all families)

Number of families in which old age was a factor in lack of income is 8; old age occurring in only one per cent of total number.

That old age occurred in only 8 families as a factor in lack of income is no indication of the amount of old age poverty in Detroit. As was shown in Chapter III (Statistical Data), the *"trouble cases"* are a selected lot occurring mostly in the younger age groups.

7—Lack of Income Due to Alcoholism

120 Families—15.9 Per Cent of All Families

Alcoholism was more prevalent among the families than the above figures would indicate, but it is here noted only in connection with lack of income. Usually alcoholism was associated with non-support and other family problems which in turn contributed to lack of income.

8—Lack of Income Due to Low Wages

Because of the insufficiency of data on the case records, it is impossible to present any figures indicating the extent of this factor as a cause in the lack of income. There is here implied a very definite criticism of the case workers on these families, for either the wage data was not ascertained, or if it was, it was not recorded. However, certain inferences may be made which throw some light on the wage situation of the families. The fact that at least 64% of all the families received some kind of free medical service would indicate that there was some deficiency of wage standards. Free medical service was given in many cases where the normal wage earner was working at full time. A further indication of wage standards is to be had from the cases where woman and children were supplementing by their labor the income received by the chief wage earner. Again, the lack of surplus among the families for carrying them over periods of unemployment is to some degree an index of low wage standards prevailing.

SUMMARY OF CAUSES OF LACK OF INCOME

Number of Families and Percent of Total Number of Families for Each Cause

Cause	No. of Families	Percent of Total No. of Families
Unemployment	221	29.4%
Health—Income Involving Physical Illness	279	37.1%
Involving Crippled, Blind, Deaf	16	2.1%
Involving Mental Diseases	35	4.7%
Involving Accidents	46	6.1%
Death of Wage Earner	149	20.0%
Wage Earner in Institution	159	21.2%
Family Relationship	262	34.8%
Old Age	8	1.0%
Alcoholism	120	15.9%
Low Wages	?	?

If the above number of families were totalled, the resulting figures would far exceed the actual number of families studied. This means, of course, that frequently more than one condition leading to lack of income was found in a family. These various factors conditioning lack of income often appeared in successive stages, presenting new phases with which the social agencies had to deal. Often a fairly well defined cycle of factors would appear. For example, such a cycle might appear as unemployment, non-support, tuberculosis, death of wage earner. In such a cycle the non-support might be emphasized as the important factor by the social agencies, whereas the entire case history which this study gives reveals the causal relationship between the different factors. There is a tendency on the part of the social agencies to concentrate upon immediate symptoms, and to neglect the analysis of remoter factors and their interrelationships.

II—PROBLEMS OF HEALTH

Health Problems in Trouble Cases—Summary

	Families	Percent
Physical Diseases	553	73.5%
Accidents and Handicaps	118	15.7%
Nervous and Mental	181	24.0%
Total Number of Families Affected	613	81.5%

Classification	No. of Families	Instances in Families	Men	Women	Children
Physical Diseases—					
Tuberculosis	176				
Diagnosed		201	80	39	82
Suspect		57	3	7	47
Other Respiratory Diseases	164	230	34	31	165
Syphilis	62	82	21	23	38
Gonorrhea	16	18	4	4	10
Diseases of Digestive System	50	51	15	16	20
Diseases of Blood, Bones, Joints, Cancer*	67	67	24	23	20
Diseases of Blood, Bones, Joints, Cancer*	67	70	5	10	55
Diseases of Eye, Ear and Ductal Glands	67	70	5	10	55
Diseases of Heart and Arteries	37	38	8	18	12
Diseases of Kidneys	20	20	10	5	5
Diseases of Muscles, Skin*	28	42	1	10	31
Diseases of Generative Organs*	52	55	0	36	19
Infectious Diseases	56	82	4	1	74
Hernias	8	9	3	1	5
Unclassified Diseases	48	60	8	29	23
Mental and Nervous Diseases—					
Insanity	35	35	22	12	1
Feeblemindedness	72	86	1	16	69
Subnormality	29	36		10	26
Epilepsy	13	14	3	4	7
Misc. and Unclassified Mental Problems	21	22	2	13	7
Other Diseases of Nervous System	50	50	7	19	24
Accidents—					
Industrial and Traffic	73	80	34	10	36
Handicaps—					
Blind	13	13	6	2	5
Deaf	4	6	2	2	2
Cripples	24	26	6	2	18

*Where diagnosis of gonorrhea or syphilis was made it has been separately classified, each case occurring only once in above table.

NOTE—There is evidence in the case records of health problems associated with habits such as intemperance and use of drugs, but data is not sufficiently definite to be classified in these tables under Problems of Health.

Comments Relating to Data on Health Problems

In more than four-fifths of the families included in this study, a definite health problem of the parents or of the children has been recorded. There was a problem of what might be called physical disease in 73.5% of the families, and a mental or nervous disease in 24% of all the families in the study. These ailments range from children's diseases and minor aliments to chronic and degenerative diseases, insanity and other serious health problems. Diseases were definitely classified only where a medical examination had been made.

The number of the **tuberculars** in this group of families is high—129 adults and 129 children—occurring in 23.2% of all the families studied. It may indicate that rather thorough work is being done in the discovery and diagnosis of tubercular patients.

There was a definite diagnosis of **venereal disease** in only 10.3% of all families, **syphilis** in 62 families and **gonorrhea** in 16. Judging from the number of feebleminded children, the insanities and physical defects which are partly the result of venereal diseases, one is brought to the conclusion that the number of cases of venereal diseases diagnosed in these families is less than the actual number of individuals who were infected with these diseases at one time or another. There is a record of only one case of gonorrhea to every five instances of syphilis. Health and hospital records seem to indicate that the reverse is the rule.

The small number of **hernias** recorded would also seem to indicate that medical diagnosis even in these families has been far from complete. (Hernia is one of the most prevalent conditions discovered in army examinations).

Feeblemindedness was recorded in 72 of the families, and **subnormality** in 29 other families. Only one man was definitely diagnosed as feebleminded and none were diagnosed as mentally subnormal. The social histories of these cases would indicate to the contrary, however. We believe that if all the individuals could have received psychopathic examinations, a large number of adults would have been found to be mentally subnormal. This is but another indication of the lack of complete diagnosis in these families.

The cases of **insanity** are perhaps more fully recorded—35 families, 22 men, 12 women, 1 child. This is due to the fact that extreme cases of insanity are fairly obvious. As in feeblemindedness, however, it may be stated that the social histories indicate a larger number of the psychopathic types who have not been given mental examination.

Conclusions Concerning Health Data

1. It may be assumed that the health data in the foregoing tables do not present a complete or fully accurate picture of the facts, due to faulty diagnosis and failure to record facts on the part of the case workers.

2. From the large number of physical and mental defects that are recorded it would follow that persons suffering from these drift into the dependent groups.

3. Reciprocally, the poverty condition is one which contributes to the prevalence of these defects.

4. The problems of disease are aggravated through the lack of effective treatment of incipient cases.

5. In many of the families there is evidence of the congenital nature of defects.

III.—Problems of Family Relationships and Behavior

Table Showing Distribution of Causes and Problems of Family Relationship and Behavior

---

CAUSES (*)	No. of Families Affected	No. of Instances Occurring
Temporary Desertion	111	165
Permanent Desertion	48	48
Separation	48	48
Divorce	34	34
Bigamy	8	8
Non-Support	126	230
Illegitimacy	48	76
Neglect	94	
Other Domestic Difficulties	48	48
Adult Delinquencies Other Than Above—		
Felonies	21	22
Misdemeanors	34	47
Juvenile Delinquencies and Truancy	156	416

(*) Other factors are found enumerated in the records as contributing to the family relationship and behavior problems, such as death of mother, inefficient housekeeping, improper moral conditions and legal difficulties; but regarding these factors, the information is not definite enough to be of statistical value. Death of mother occurred in 37 of the the families. Usually such a death created a difficult problem of adjustment for the rest of the family when there were minor children.

One or more of the above problems of family relationship and behavior appeared in 462 of the families, or in 61.5% of the total number of families.

In 254 of above instances, it was alleged that the problem was due to the delinquency of fathers and in 87 instances, to the delinquency of mothers. In 228 additional instances, however, according to the case worker, responsibility could not be centered upon either the man or the woman exclusively—the inference might be that both were at fault.

Comments on Data Relating to Family Relationship and Behavior Problems

1. The personal and social forces contributing to this class of problems are probably less well understood by social workers than is the case with the health or income problems.

2. There is an extraordinary number of family relationship and behavior problems, appearing in 61.6% of the total number of families.

3. The magnitude of this group of problems is perhaps due in part to the inadequacy of existing machinery for dealing with them. This point is discussed further in the chapter on Treatment. (Chapter V.)

4. The low economic condition of many of these families aggravates their domestic problems.

5. Illegal, more frequently than legal means, are taken by these families for the solution of their difficulties.

6. The problems of family relationship reveal a conflict between social standards and the unwillingness or inability on the part of individuals to conform to them.

IV.—THE INTERRELATIONSHIP OF PROBLEMS

In order to reveal the different factors as they appear in a family situation, they have been separated out, and dealt with as though each one were exclusively present at a given time. It must be evident, however, that this method was used in order to make satisfactory analysis of each problem; it does not reveal the total situation in any case, or the interrelationship of problems. This interrelationship it is of the utmost importance to see, if one is to gain an organic view of our social problems. This view may be had either by seeking for all factors present at a given time, or by studying the family problems as they appear in successive stages of time.

For example, in cases of desertion or of illegitimacy enough has been said to show that behind these occurrences there are often economic or health conditions such as would be favorable to the development of any tendencies towards illegal or undesirable family circumstances. Again, in cases of desertion and non-support, the causative influences may be traced back to unwise action on the part of courts or social workers in securing forced marriage. Tuberculosis may appear as the final result of a long series of difficulties in which low income or neglected earlier illnesses are the determining factors. Or again, blindness, insanity or premature death of wage earner may occur; upon thorough study these may be traced back to venereal disease which had been contracted many years before the problem is presented in different guise to the social worker.

Often certain well-defined cycles appear in the families. Among these would be the cycle of mutually causative influences to be found in cases which combine low earning power, illness, domestic difficulties; or, in character defects, syphilis, mental abnormalities; or, in improper housing, illness, low earning power; or, in disrupted homes, lack of training, juvenile delinquency.

In other words, the point here made is that the family difficulties with which the social workers have to deal, are of an historic character, the individual problems not arising all of a sudden, but growing out of previous conditions of a social or biological character. It is this historical tissue of events and conditions which makes for complexity, and prevents one from making too simple an analysis of problems.

General Conclusions for Chapter IV.

1. Nearly all of the cases handled by social agencies came to them in the first place because of a deficiency of income brought about by a variety of causes.

2. The primarily economic cause of poverty may be seen in a considerable number of these families as indicated by unemployment, by dependency following death of wage-earner, by low wages that make it necessary for the families to apply for relief. It is also indicated by the employment of the mothers of the families; by the quick absorption of children into industry as soon as the compulsory age of education has been passed; by the poor housing conditions.

3. Tuberculosis and other physical diseases are more than ordinarily prevalent in these families and are the cause of much misery and dependency.

4. The degenerative effects among individuals and their families of syphilis and other venereal diseases is to be noted.

5. A large number of the adults upon whom the responsibility of family life has been placed are of less than average mentality; many of them tending toward the mentally subnormal and feeble-minded groups.

6. Alcoholism, delinquency, abnormal behavior, and other psychological factors run parallel with more objective factors.

7. Illusive factors in these domestic problems, such as sex incompatibility, are undoubtedly present, but are evident only through the inferences by the one reading the case records.

8. Low standards of living and of family relationships are generally prevalent.

9. Little information is at hand upon the following important points: pre-charity records, education, employment history, wages, occupation, opinions of friends and relatives.

CHAPTER V.

Work of the Social Agencies—Methods, Treatment, Results

As has been stated in the Preface, the social agencies have not been developed in response to any definite, preconceived plan, but have been very largely individualistic in their work and aims. Whatever unity has been achieved is largely due to unavoidable points of contact which they have had upon cases, and in a lesser degree to conscious cooperation. In cooperating, however, they seem to have had in mind more the demarkation of their several fields, than team work in attacking and bringing to a solution their common problems. In fairness to the agencies it should be said that underlying their activities there has been a vague realization of the need for common standards in technique and procedure. The aim of the present chapter is to show the results of this general lack of more closely coordinated effort.

By common consent the term descriptive of the activities of social workers with these families included in our study is **case work.** A brief statement at this point concerning the significance and connotation of this term will be in order. Technically, case work involves four stages of effort. First, investigation of all the relevant factors in a problem; then, diagnosis, or analysis of the fundamental difficulties involved; formulation of a plan of treatment, leading towards a constructive solution of family problems; and, finally, such an approach to the family as will secure from it in any case a spirit of cooperation with the plan that the social worker has evolved.

For the successful application of the principles of case work certain assumptions must be made. In the first place, there must be a group of competent workers familiar with the foregoing principles. There must also be in the community a sufficient number and variety of agencies who can supply the services, the need for which the problems reveal. Finally, the prevailing conditions in the environment, social and industrial, must be such as to make possible either a rehabilitation of the families to a normal condition, or a constructive disposition of their problems. If these are the necessary pre-requisites of successful case

work, conversely it might be stated that in any given case failure to solve a family problem would indicate that one or more of the necessary conditions was lacking.

To reveal the present situation as to standards of case work in Detroit we may now draw upon actual case histories, some of which have been cited in the preceding chapter. In making our analysis we may base discussion upon the divisions of case work as given above.

I.—INVESTIGATION

It has been stated that proper investigation means an apprehension of all the relevant elements in a problem. In this connection it may be said that there is a wide divergence between the degrees of thoroughness attained by the agencies. This depends often upon the specific character of the agency. For example, a free health clinic investigates primarily for the purpose of determining whether or not the family is entitled to gratuitious service. A relief agency investigates to determine primarily the immediate and pressing economic needs of the family. Because each agency tends to accept responsibility only for acquiring the facts that bear upon its own efforts, not only is the total situation frequently lost sight of to the detriment of the family, but the utility of the very services which the agency would render is curtailed. For example, a health agency which ignores the previous medical history of a family, or facts in its past or present environment, may be unable to render proper medical service. It follows that a thorough investigation involves the collection of all economic, health, and social data that are available, first, in the case histories of all agencies that have previously worked with the family, and second, that might be obtained through further investigation by the agency at present concerned. To facilitate such thoroughness, access should first be had to the Registration Bureau, where all agencies concerned with the family record their families.

As an example of what happens when an agency fails to use available information, the following is pertinent:

> **Case No. 258.—This case involved a family of children, there being two older girls at work, and two younger children dependent. The older girls applied to a child-caring agency, asking for the adoption of their youngest brother, stating that their father and mother were dead and that relatives were unable to assist. After a very brief investigation, and with a good deal of publicity, all preparations were made by the agency with the court to have the child declared dependent and placed for adoption.**
>
> **Again, in court, the two older girls declared that both parents were dead. In seeking a home for the child, the child-caring agency published his picture in the paper. Thereupon, an individual acquainted with the family wrote to the agency, stating that he knew this child to be the son of a man now serving a life sentence in prison for statutory rape upon his daughter. This and**

other very pertinent facts were confirmed and revealed by further investigation. Naturally, they caused a very radical change to be made in the plans of the agency. It might have saved itself much effort if it had investigated at the very outset the records of another agency already registered on the case where these facts were available.

Case No. 225.—For nearly two years a relief agency was assisting a woman and two children, whose husband was serving overseas in a Canadian regiment. During this period the woman was living an immoral life and gave birth to an illegitimate child. Not until the child was four months old did the visitor for the relief agency discover this fact. During the same period, however, another agency which had previously assisted the woman, and which was keeping in contact with her, was in possession of the facts concerning the character of the woman and had recorded these facts in its case history. This is but another instance of the available records not being used by the agency on the case.

An illustration of superficiality in investigation of a case where obvious and grave facts were overlooked, would be the following:

Case No. 3.—Two children were receiving from time to time medical attention from a free clinic for a variety of ailments. The clinic recorded the fact that the father was insane and confined in a state institution. About two years later it developed that the eyesight of these children was seriously affected, caused by congenital syphilis. At this point the investigation disclosed that the father had had a history of syphilis and had developed paresis. This fact, had it been ascertained when the children were first treated at the clinic, might have saved the children an aggravated form of the disease.

The foregoing cases illustrate defects in the process of investigation that arise from a failure on the part of the agencies to use the Registration Bureau. Other defects of a different sort may be here enumerated. They exist to varying degrees in the work of different agencies; not all of them may be charged to any one agency, necessarily. A defect fairly common, arises from the specialized character of the agencies, and may be described as failure to investigate all factors that bear upon an individual case. Only such factors as the agency itself is prepared to deal with are recognized. A health clinic, for example, will often give treatment without investigating the home or industrial environment, which may be the determining influences in the case. Even where home conditions are ascertained, the investigation may fall short of complete inquiry concerning other sources of information. Among these are families in the neighborhood, relatives and friends, hospitals, courts, physicians, employers, school and churches, charity records in other cities, documentary sources—in short, all points of contact of the individual or family in the community which might throw light upon the particular condition confronting the agency. This incompleteness of investigation on the part of the specialized agencies often hinders and frustrates their efforts.

Needless duplication of investigation presents another difficulty. As two or more types of problems arise in any one family it often

happens that successive agencies on the case may ignore work that has been done by previous agencies, resulting in unnecessary duplication. Of course, it follows that with better records, and a larger degree of cooperation, this particular fault may be somewhat avoided.

II.—DIAGNOSIS

The term "diagnosis" has been introduced into social case work from the medical field. There, as well as in case work, it means a thoroughgoing analysis and discovery of fundamental difficulties. It may be said that, because of the comparatively recent development of social case work, diagnosis has not attained the scientific character that it has in medicine. Even in medicine, accurate diagnosis awaits upon the ever-growing accumulation of new facts. Consider, for example, how the Wasserman test has made possible a more thorough diagnosis of syphilitic conditions. It is, therefore, no arraignment of social case work that it is in process of development. Indeed, one may say that only by acceptance of the principle of diagnosis can real knowledge concerning family welfare and social conditions be ascertained. At the present time this knowledge is more difficult to secure, first, because of the necessity of reckoning with a very large number of factors affecting the individual and his environment, and secondly, because of the ignorance in the public mind as to the causes of poverty. In view of these considerations, therefore, it is not to be wondered that in the trouble cases under discussion diagnosis is frequently at fault.

The starting point for diagnosis is investigation, which has been discussed above. Inadequate, partial investigation, makes accurate diagnosis impossible. The cases presented under investigation fully illustrate this point. However, faulty diagnosis may arise somewhat independently of the investigation process. After a mechanically satisfactory investigation there are still many chances for poor work. Hasty and superficial judgment upon the given data, the biased viewpoint of the social worker, failure to recognize obvious problems by inference from data, failure to use community resources, such as mental and health clinics for the determination of specific defects, lack of appreciation of customs and standards of special groups, as immigrants,—these are perhaps the more important defects of diagnosis.

The following is an example of superficial diagnosis:

> **Case No. 774.—This case involves a young couple with four small children, who are living with and are partially supported by the woman's parents. The woman's mother applied to a social agency for advice, complaining that the man was drinking and not supporting his family, and that she was tired of assisting them. Without any further investigation of the facts she was advised to enter a complaint of neglect of children against her son-in-law in the Juvenile Court. At the same time counter complaints were made to another organization by the man's parents who said that**

the woman was insane and should be committed to an institution. In this instance, a superficial investigation was made in which only the man's relatives were consulted. Upon such incomplete evidence this latter organization referred the case to the investigator of insane cases of the Poor Commission stating that "the woman is out of her mind and in need of institutional care." Meanwhile, the woman herself applied to a probation officer of the Police Court, who suggested that she take out a warrant against the man for non-support. The records indicate, however, that no one of these plans was carried out, but that a family "reconciliation" was affected. About a year later the family applied to the Poor Commission for relief, the record at this stage stating that it was not a case for relief, but again one of domestic difficulty.

So far as the final records on this case indicated, it appears that the woman did not present a mental problem. Whatever the real cause of the family difficulties may have been the records do not indicate.

The following case indicates failure to secure medical diagnosis:

Case No. 851.—From 1903 to 1915 efforts of the relief and social agencies were concentrated upon the problem of an intemperate and apparently shiftless man who was irregularly employed, rarely earning adequate wages for his family, and failing to support them. A variety of services were rendered to this family. Relief, friendly visiting, moral suasion were all tried, but to no avail. Despairing of these efforts an agency had the man committed to the House of Correction for non-support. Apparently in all the work of the agencies, the assumption had been made that the man was failing to support his family because of defects of his character. At no time was there sufficient insight to perceive the possible need of a complete medical examination to determine his physical fitness. Two months following the man's release from a second commitment to the House of Correction an investigator found the man's family were refusing to have him at home, and compelling him to live in a barn. The reason for this was discovered to be the fact that the man was in the last stages of tuberculosis. At once the social worker attempted to arrange for sanatorium care, but the man died within five days.

This case strikingly illustrates how the biased judgment of a social worker as to where to look for responsibility for the ills that she finds, may prevent her from securing medical diagnosis which alone would have been profitable.

Case No. 479, showing failure to employ psychopathic diagnosis for the determination of an obviously mental case.

A social settlement was in constant touch with a Syrian family who had lived in this country for seventeen years. It was apparent that the woman was a poor housekeeper and acted queerly. The poor home conditions were ascribed at first to her wilful negligence. Later in the family history it appeared that they were still in debt, although the man had obtained regular employment. The woman complained of frequent illnesses and was given medical care. Although the abnormal character of the woman was observed, no psychopathic examination was obtained. During the process of medical treatment the woman seemed to improve physically, and the case was turned over to the Visiting Housekeeper Association for instruction in home management. The Visiting Housekeeper found the woman unresponsive, and at last referred her to the

Detroit Psychopathic Clinic for mental diagnosis. The clinic discovered that the woman was suffering from a dangerous psychosis and recommended immediate institutional care.

Illustrated by the two foregoing cases is a common failing of the social agencies, namely, their proneness to avoid the use of medical and psychological clinics. In many of the cases medical and mental examinations were not made until after much tedious and useless effort had been expended by the agencies. To one who reviews these cases it is evident that there are a large number of mental and physical disabilities which are either not diagnosed at all, or only at a time when constructive treatment is impossible.

In conclusion, it cannot be overemphasized that poor diagnosis is one of the chief defects of social work, vitiating or destroying the value of a great deal of effort undertaken. This is true not only in regard to family case-working agencies, but also to an even more marked degree of the work of specialized agencies dealing with individuals.

III.—TREATMENT

Treatment may be said to be the final stage in the method of the social agencies in dealing with the families. It can be readily seen that effectiveness here is dependent upon what has gone before—investigation, diagnosis, and a carefully thought-out plan of action.

In discussing treatment, two methods suggest themselves. One would involve a discussion of each agency and the work that it does; the other method would review the whole system of agencies and their functioning in relation to problems. The latter of these two methods is chosen in this discussion, for it gives one an organic view of the whole situation.

As a general comment it may be here said that the attitude of the social agencies towards the problems that exist in the community is, on the whole, passive; that is to say, they do not aggressively seek out these problems, but wait until individuals or families appear with their difficulties. It is like the attitude of the private practitioner in medicine. As a result, contacts are often made between the agencies and the family problems only after these have become aggravated.

It should be remembered, as stated in the Preface, that the *"trouble cases"* are a selected lot, and present perhaps graver and more numerous ills than do the general run of cases. Therefore, success in treating the *"trouble cases"* is the severest test to which the agencies could be put. What criticism is implied in the following discussion is directed not so much against particular agencies, but rather against the system as a whole in its functioning with relation to the solution of problems.

It is convenient to classify the problems that appear before the agencies under three heads: (a) Material Problems, involving income, (b) Health Problems, (c) Problems involving Family Relationship, including those arising out of the Behavior of Individ-

uals. On the basis of this classification we may now review the work of the agencies with reference to each type of problem.

A—Reaction of Agencies to Material or Income Problems

Directly or indirectly the question of income enters into the great majority of *"trouble cases."* But the causes of lack of income are various, and the agencies are differentiated with respect to the causes with which they deal. We have first the general relief-giving agencies, public and private. The names of these agencies and the number of cases appearing in them are as follows:

Poor Commission	443
Juvenile Court, Mother's Pension	160
United Jewish Charities	79
Associated Charities (prior to 1914)	76
Christ Child Society	82
Detroit News Goodfellows	35
American Red Cross, Civilian Relief	6

NOTE—The Poor Commission at the time of this study also had a Social Service Department which registered 79 cases. The services rendered these cases will be discussed under separate heading. After 1914 the Associated Charities reorganized so as to become Bureaus of Application and Investigation, with only minor relief functions, which for the most part were turned over to the Poor Commission and Juvenile Court Mothers' Pension. The Christ Child Society gives only clothing upon application from other organizations. The Detroit News Goodfellows registered their cases mainly during the season of unemployment of 1914 and 1915, and were primarily concerned with Christmas relief. The American Red Cross was just beginning towards the end of this study to give relief to families of men in service and are represented therefore by few cases. The Conference of St. Vincent de Paul also gave occasional relief. But as they do not register their cases the only reference to this relief is to be found in the records of their Child Caring Department. Instances of relief by Settlements, Churches and other organizations are occasionally noted in the records, but it is to be observed that, of late, relief has been concentrated mainly in the Poor Commission, now the Department of Public Welfare, and the Juvenile Court Mothers' Pension Department.

1. **Involuntary unemployment is a conspicuous cause of need for relief occurring in 29.4% of the families.** Unemployment in these cases appears to be of two sorts—that due to industrial depression, seasonal or otherwise, and that occasioned in normal times by individual failure to find a job. In the one case, when unemployment is very general, the agencies give relief in small amounts to keep the families from starvation. Obviously, the problem here is too vast for adequate treatment by relief agencies; on the other hand, in cases of unemployment in normal times, the agencies endeavor to find jobs for their clients and frequently succeed. The following case will illustrate the work of the agencies in regard to both types of unemployment:

> **Case No. 103.—During the winter of 1914 and 1915 a plasterer was unemployed for three months. Temporary relief was given by the Poor Commission in the form of provisions, one half ton of coal and clothing. The man was referred to the various employment bureaus, but was unable to obtain anything but casual employment until the spring, when he found work at his own trade. The following winter he was again unemployed and applied to the Poor Commission for relief. On this occasion relief was unncessary because the Poor Commission was able to obtain work for him.**

TROUBLE CASES

A peculiarly ineffective treatment of unemployment by the agencies can be seen from the following:

> **Case No. 490.—This man had been intermittently unemployed between 1911 and 1915. The social agencies obtained employment for him at various times for short periods. They also gave loans and small amounts of relief. In November, 1914, when unemployment was at its height, the man appealed to a social agency because his family was destitute and he had found it impossible to secure work. The agency itself had no better success in finding work for him. It then sought to solve the difficulty by setting up the man in the business of peddling baked goods. To this end they advanced him a loan of $46.00 for the purpose of buying a horse and wagon. The man signed a note for the loan, agreeing to repay it at the rate of $2.00 a week. It appeared, however, that this venture was unsuccessful, as one month later the man reported that he could earn only forty cents a day by this means. The agency then supplied him with emergency relief. A little later the man reported that the business was not even paying for the keep of the horse. Becoming discouraged, he finally gave up this business and took work in a factory at the rate of 23 cents per hour. At the same time his wife sold the horse for $8.50. It was later reported that the wagon had been stolen. The agency finally recovered $4.00 of its loan.**

From the above instances, and from others of a similar character, which might be cited, at least two conclusions may be drawn; first, that a serious crisis in unemployment presents difficulties which the agencies cannot overcome. This problem must be met from the industrial side. Secondly, it can be stated that the functions of relief giving and of finding employment are so different that there should be a separation between the agencies supplying these services. To explain this statement, one may point out that a well organized employment agency needs to know thoroughly the conditions of the labor market, whereas a relief agency needs to have a thorough knowledge of home conditions. Assuming better organized employment agencies than we now have, it should be possible for the relief agency to refer the entire question of employment to those who are scientifically equipped to handle this problem.

2. **Parallel with unemployment as a cause of lack of income is the loss of earning power, due to physical disabilities.** Sickness is a prevalent characteristic of poverty groups. Illness is here discussed as an economic problem. In Chapter IV. is presented a classification of the various physical defects and diseases that have been found among families where income is affected.

The following cases will illustrate the treatment that income problems caused by lack of health receive in the agencies:

> **Case No. 183.—From 1912 until October, 1916, the man in this family, an Italian laborer, was totally incapacitated for work by a complication of organic diseases, diagnosed at one time as intestinal cancer, the ultimate cause of death being locomotor ataxia. During the period of his incapacity numerous agencies, individuals and groups participated in giving relief to the family, the Poor**

Commission supplying the greater part. The duplication of alms apparently resulted in the pauperizing of the family, and for this reason the Poor Commission found it difficult to maintain standards. One agency would insist upon giving milk and eggs, while several others would at various times donate clothing and other necessities. As a result, the family was perhaps visited by more social workers, professional and otherwise, than any other family in the records. Each agency or visitor had a special plan for the family. The consequence was that no alequate plan was worked out for the support of the family, whose income became sporadic and precarious.

Case No. 285.—In 1909 the man in this family was suffering from illness diagnosed as incipient tuberculosis, and he was sent to the country. During this time the family received temporary relief, and with the employment of the woman at day work it was able to eke out existence. After a year the man returned to his family fearing that they were not being adequately supported, and he began to do irregular work at his trade, that of carpenter. The family were at this time living in Hamtramck, where only occasional relief was given by the Supervisors. For this reason the family applied intermittently to the private agencies of Detroit and received small amounts of relief. Three pregnancies of the woman resulted in a miscarriage, a still-born child, and the early death of still another infant. It was rumored but not proved that the man was using criminal methods of doing away with the children. In 1917 the oldest boy was 16 years of age, and though he had completed only the second grade in school, he began to work to contribute to the family. Curiously enough, a re-examination of the father showed arrested development of the tuberculoiss and from this time on, with his work and that of his wife and older boy, the family apparently regained their foothold.

The above case illustrates the need for more thoroughgoing organization of relief in sickness problems.

3. Treatment of accident cases is illustrated by the following:

Case No. 542.—This man fractured his instep working at a motor company. He received at the expense of the company hospital treatment, and was then turned over to private agencies for temporary relief for himself and family. Investigation through the Legal Aid Bureau by one of the agencies showed that the man was entitled to compensation, which was obtained for him, and precluded the further need for relief. The injury was but temporary and finally the man returned to his former occupation.

Case No. 5.—In this case a thrifty and ambitious foreigner, while working on a railroad, was the victim of an injury which necessitated an amputation of his leg above the knee. Through some deficiency in the compensation law of the state where he had been living, he received only a small lump sum, most of which was consumed during the period of the man's temporary total incapacity. After his recovery the man and his family moved to Detroit, where he obtained intermittent employment at wages usually under $2.00 a day. Because of the large family of six children they found it difficult to maintain themselves, even though the wife was also working. They received, accordingly, small amounts of relief and clothing from the Poor Commission and private agencies. It is to be noted that the family received several small loans from the private agencies which were invariably repaid. The only unfavorable comment regarding the man was that he was irritable and nervous, which made it difficult for him to keep at work steadily at the

poorly paid job that he had. Later in 1915, the man got a job which enabled him to clear his debts and secure a house, which he himself helped to erect. It is perhaps pertinent to note the remarks of one case worker on the family, to the effect that "the family were inclined to beg," which were quite aside from the point.

Case No. 371.—This case concerns an Austrian laborer who was earning during 1916, $11.00 to $12.00 a week in a lumber yard. When he was 27 years of age he had his back broken at his work, and this permanently incapacitated him. The man was married and had one child. Under the compensation laws he was entitled to receive $5.70 for five hundred weeks. He was in the hospital for nine months at the company's expense. The Poor Commission and private agencies have been supplementing with relief the income of the family up to the present date. He has since learned the trade of cobbler with the assistance of private agencies; but at the present time, in spite of his acquired trade, his income by his own effort is inadequate to support his family.

The case illustrates the defect of the compensation law which bases the compensation on a certain proportion of his wages at the time he was injured. The consequence of this is that, with a rising cost of living, the family becomes progressively worse off. Meanwhile, the efforts of the Visiting Housekeeper Association which was attending upon the case were seriously handicapped by the inadequate income of the family.

4. Lack of income due to absence of wage-earner, including death, permanent desertion, divorce, commitment to state institution.

Up to 1914 relief in the above instances was administered largely by private agencies. Since that time it has been given by the Mother's Pension Department of the Juvenile Court.

The following are instances of procedure in these cases:

Case No. 107—In this case the man died in 1916, leaving wife and two children. The woman applied to the Juvenile Court Mothers' Pension for relief and received the maximum pension of $6.00 a week, $3.00 for each child. The woman had spinal trouble and was unable to work. Relief became necessary and was given from various private sources, until the older child obtained working papers. Later this boy enlisted in the army and the family then received aid through the Red Cross.

Case No. 255.—In this case the husband died in 1913, leaving the mother with two small children. The husband had been a physician. During this year the woman received from the Poor Commission $6.00 a month and three tons of coal. The records show that the woman was worn out from work and undernourishment. Social workers planned to have the woman study to become a hospital nurse and to have the children boarded out in the meantime, but the woman refused to be separated from her children. At about this time the Mothers' Pension system was adopted, and the woman began to receive $6.00 a week pension which is continuing up to date. During the course of the pension administration the woman became ill and unable to work. A budget estimate of the Visiting Housekeeper Association showed that the family was receiving from the pension $21.00 a month less than the amount required for the minimum cost of living. The investigator for the Juvenile Court was able to find a private individual who agreed to supplement the pension by $20.00 a month.

The following case, interesting from many angles, shows how the income problem was met in a non-support case:

> **Case No. 825.—The man in this family was a carpenter, 55 years of age, who was arrested for non-support and sent to the House of Correction for sixty days during which time the Poor Commission gave relief. About a year later the woman obtained a divorce from the man and he was ordered to pay $8.00 a week alimony. Failure to pay this placed him in the House of Correction three times during one year. A little later the man became so obviously insane that he was taken to the Hospital and then sent to Eloise. The woman then began to receive a pension from the Juvenile Court. The pension was not adequate for the support of herself and children, so she obtained employment as janitress at $36.00 per month, taking roomers and boarders at the same time.**

> **Case No. 687.—This case is of a French-Canadian family with nine children. The man is an unskilled laborer whose work is very intermittent. For over six years the social agencies were in contact with this family. There is no evidence in the record of the man being alcoholic or showing other mental defects which would cause unemployment. There is considerable evidence, on the other hand, that slack or part time work conditioned the economic situation of the man. At any rate, the inability to find work brings the family to the agencies in the first instance. In January, 1911, we find the Poor Commission giving $10.50, coal and an additional grocery order of $1.31 to the family. Subsequently, the Associated Charities and the Christ Child Society supply clothing. The Application Bureau on one occasion of the man's being in a hospital, supplies emergency relief of 50 cents. The man's illness complicates matters. At one time he is in Grace Hospital with a broken collarbone, during which period the Poor Commission supplied relief to the family. On another occasion while employed as a clerk, the man's eyes give out, and he is furnished with glasses at the Grace Hospital Clinic. The non-support develops in the case in 1915, when the man is committed to the House of Correction, the Poor Commission supplying relief from the House of Correction allowance. 1917 finds the man in Receiving Hospital, the Poor Commission again supplying relief to the extent of $25.00 for provisions and one-half ton of coal. The man dies of pneumonia and the family is turned over to the Mothers' Pension, which in May, 1917, amounts to $12.00 per week.**

The case decidedly raises the question as to the utility of the House of Correction treatment for non-support, where the situation involves employment difficulties and health problems. So long as the man lived and was either ill or out of work there appears to have been no co-ordinated effort in relief by the agencies.

> **Case No. 515.—This case concerns an unskilled laborer, age 41 at time of study, his wife and four children. The records indicate that during a period of six years the man had been in the House of Correction eleven times for non-support, drunkenness and disorderly conduct. During the time that the man was in the House of Correction relief was given to the family from the House of Correction fund administered by the Poor Commission. In addition to this, income came to the family through the woman's day work. The records indicate that the man is quarrelsome, abusive, and an incompetent workman. It is to be remarked that employ-**

ment at good wages did not change the man's tendencies. During the case record the material conditions of the family, including housing, food and other necessities were of the very worst.

The following cases show how the income problem was handled in desertion:

Case No. 454.—This case concerns the family of man, woman, and nine children, ranging in ages from five years to twenty-six years at time of study. For the seven years that this case was in the social agencies there were intermittent instances of non-support and desertion on the part of the man. During three periods in the House of Correction for the man, relief was furnished by the House of Correction Fund of the Poor Commission. During the later years of the case record the contributions of the children helped out the family income so that no further relief was necessary, although the intermittent desertions of the husband continued. The records indicate very low wage standards on the part of the man, woman and children. In 1912 there is a record of a son, 16 years of age, trying to get working papers, though he was unable to read or write.

Case No. 230.—In this case the man deserted a woman and one child, and he has not been heard from for three years. The woman receives the maximum pension of $3.00 a week from the Juvenile Court; she is assisted by her relatives, and supplements her income by taking in other children to board.

The foregoing cases, illustrating the income problem in families where the normal bread-winner is either dead or delinquent, are sufficient for indicating that, so far as public and private relief are concerned, the necessities of the families are not met in any systematic or adequate manner. The relief that is given is more in the nature of small doles that are rarely adequate, and require supplementing from other sources, usually from the day work of the mother.

Conclusions Concerning the Treatment of the Income Problems by the Social Agencies

At the outset it should be stated that the income factor in these family problems is bound up with other factors, and cannot be treated entirely independent of them. Still, it is as a general rule the most important factor, as poverty is essentially a problem of income. The income deficiencies in these families from the point of view of causation are of two sorts. The first kind of deficiency arises out of general conditions which at any given time may affect considerable groups, such as low wages and unemployment. These industrial conditions may affect families when no other factors making for inadequacy of income are apparent. The second kind of income deficiency noted in the families arises out of particular problems within the family, and is more or less independent of general economic conditions. These particular family problems involve illness, death of wage earner, subnormality, or failure to assume responsibility by the wage earner.

This distinction between kinds of income problem is of value in judging the work of the agencies. Where the income deficiency arises out of general economic conditions it is difficult to see how the agencies can function effectively. Indeed, a period of unemployment well nigh demoralizes standards that the agencies have been trying to build up in normal times. It is furthermore pathetic to see an agency wrestling with the problem of the family budget when this can obviously be met only by the establishment of living wages for normal workers.

As for the other types of income shortage, here, if anywhere, the agencies ought to function effectively. Case work means, if anything, the analysis of the family difficulty and the constructive solution of the same. In Detroit, cases of permanent need where there are minor children, are dealt with through the Juvenile Court Mothers' Pension, which gives relief in times of desertion, divorce, and death of wage earner. The cases of temporary need involving illness and non-support are usually helped through the Poor Commission. The private agencies function more or less in supplementary aid to all types of needy families.

In conclusion the following points are justified:

1. In the case of the Mothers' Pension the inadequacy of relief referred to arises out of the fact that the amounts given to families are definitely fixed, so far as the maximum is concerned, by statute.

2. In the case of the Poor Commission it may be observed that though the standards of relief here compare favorably with those adopted by similar agencies in other cities, they do not adequately meet the income needs of the families. Some of this inadequacy may be due to prejudice in the public mind against public outdoor relief.

3. In spite of the inadequate standards of public and private relief the records give evidence of no thoroughgoing attempt to secure assistance for the families from other sources, such as relatives.

4. Where public relief is supplemented from private agencies there is apparent no successful effort to coordinate this private relief, with the result that it is desultory and meagre.

5. Because of a manifest desire on the part of the agencies to terminate relief quickly, hasty treatment is given which does not reach the fundamental difficulties of families.

6. Where an agency gives relief there is often a tendency to overlook correlative factors besides lack of income. These other factors, such as undernourishment, bad housing, ignored by the case worker, contribute to bring the families again in need of relief before the agencies.

B—Treatment of Health Problems by the Agencies

In the proceeding section health difficulties were met with, but there the income shortage and the treatment of it were the main points. Here we wish to show more in detail the action of the agencies in meeting the health problem itself.

The following table shows the health agencies registered on these cases and the number of cases registered with each agency:

Board of Health—	
Tuberculosis Clinics	256
Children's Clinics	106
Babies' Dispensaries	51
Prenatal Cases	15
Children's Free Hospital	160
Detroit Psychopathic Clinic	104
Grace Hospital	60
Hamtramck Dispensary	21
Harper Hospital	227
Receiving Hospital	10
Society for the Study and Prevention of Tuberculosis	45
Woman's Hospital	10
Visiting Nurse Association	264
West End Dispensary	19
Babies' Milk Fund	162

NOTE—The medical cases of the Franklin Street Settlement, the Neighborhood House and the United Jewish Charities were not separated out from the general cases treated by these agencies. In the case records are mentioned the services of sanatoria, city physicians, and other hospitals and clinics, but the records of these were not used in this study.

There has been a conspicuous increase in the number of public health agencies in Detroit during the last decade. There has also been a growing specialization among health agencies. These agencies have been conceived in a scientific spirit, and so far as their specialized functions are concerned, they compare very favorably with other types of agency that are engaged in case work. So far as these *"trouble cases"* are concerned, the efforts of the health agencies are peculiarly dependent upon the successful functioning of other agencies that deal with the economic and general social problems of the families. A health problem cannot be easily segregated, but must be seen in organic relationship with other problems of the individual or family.

It would be obviously impossible to portray the work of the health agencies in each type of ailment. Our procedure will then be at this point to show their work with reference to three very prevalent types of health difficulty, and then with reference to health problems as a whole. The three health problems selected for special discussion are tuberculosis, venereal disease, and mental deficiency.

WORK OF AGENCIES

As a rule, it may be said that the health agencies come into contact with individuals only after the disease has been of comparatively long standing. This may appear as an anticipation of discussion of the actual cases, but it is of such great importance as to warrant emphasis at this point.

1. To proceed then with a discussion of the work of the agencies in cases of tuberculosis.

> Case No. 158.—The case concerns a family in which the father and three children were found to be tubercular. Examination by the Board of Health Tuberculosis Clinic in 1915 records that the man showed positive tuberculosis. Clinical care twice a week was given the man. The man had been a farmer previous to coming to Detroit, but for the last five years had been working in an automobile factory as a machine hand. At the time of his examination he was able to do only light work. He worked irregularly for several months and then found inside work in the street-cleaning department of the city as "white wing." Five of the children who looked tubercular were tested by the clinic with the result that a boy of fifteen was sent to the tuberculosis sanitorium. He had been selling papers on the street. A girl was diagnosed as mildly positive and given clinical care. Another child, a girl of 8 years, was also given clinical care. The youngest child, aged 1, was found to have tubercular glands and was operated upon and sent to the sanatorium. Still another child was regarded as a suspect and kept under observation. Aside from the sanatoruim care given to the two children, the rest of the treatment consisted of visits from the Board of Health nurse. In addition, the family was assisted by the Poor Commission.

This case illustrates perhaps the defects of tuberculosis treatment in Detroit. Because of the lack of sufficient sanatorium facilities, men are rarely given sanatorium care, and others who need such care frequently do not get it.

2. The following will illustrate the treatment that venereal cases sometimes receive in the agencies.

> Case No. 194.—The case concerns a man, wife and four children. The man was 27 years of age; he was of English birth and had been in Detroit four years at the time of study. The man was receiving treatment at the Venereal Clinic of the Board of Health for syphilis, and his wife and children were receiving similar treatment at Harper Hospital. Two of the syphilitic children subsequently died. It is interesting to note in this case that the man, while suffering from syphilitic lesions in both hands, was sent out to work by a social agency, where he was in danger of infecting other workmen. After a time this man went voluntarily to Eloise for treatment, and deserted his family on his return to Detroit.

Another venereal case is the following:

> Case No. 572.—This is the case of an Austrian family in which the father and mother have syphilis. One child of 8 years is crippled, caused by tuberculosis of the spine. A child of 2 years shows a double positive under the Wasserman test, and several of the other children have been receiving medical care for malnutrition. The man is an unskilled laborer, earning in 1917 $2.00 a day and is reported as being a hard working man. Many kinds of relief and attention are given this family according to the records, but at no time is the man or his wife given definite medical treatment for their diseases.

TROUBLE CASES

The following case indicates to an even greater degree the lack of proper treatment for venereal cases:

Case No. 153.—In this case the agencies work for three or four years with the family, where the problem appears to be unemployment of the man and illness of the children. The economic problem in the family was settled when the man obtained steady employment at good wages. It then became a question of improving the living conditions, and various agencies, including the Visiting Housekeeper Association, worked with the woman who was of a highly nervous temperament. Throughout the case history there seemed to be a domestic problem which was not clearly ascertained. In 1917 the woman attempted to commit suicide, and to kill her children by laying them on a car track on a dark night; but the motorman stopped the car in time... Finally, the woman was committed to Eloise for insanity and the children were given out for boarding. But at this stage the children were given medical examination and it was found that the three older children gave positive Wasserman reaction and were sent to the University Hospital at Ann Arbor for medical treatment. The children were aged 10, 6 and 4 years at this time. The man was not tested up to the conclusion of this study.

In the following case the eugenic implications are obvious:

Case No. 343.—This case had been for eight years in the charitable agencies. Throughout this period a great number of agencies and individuals were interested in the family. The family first came to the attention of a child caring agency in 1910. At this time the woman was blind, syphilitic and had one child. This child was by her second husband, her first husband having died. After the death of her first husband she was left destitute and was sent to Eloise for permanent care. While at Eloise she met an inmate whom she afterward married. According to the case records this man was of low mentality and of feeble inhibition. When she appeared with her one child before the agency in 1910, she and her husband were sent to the man's relatives in Ohio, and the child was committed by the court to the supervision of a child caring agency. Three years later the man and woman returned to Detroit with two additional children, one of them malformed. Subsequently, the child who had been made a ward of the court was returned to the family. From this point on, the case history continues with a record of unemployment, shiftlessness, and delinquency, one of the last comments in the record being that "the woman was begging with an abcess on her chin." In the case history there is reference to the woman's brother who is serving a life sentence in Jackson for the murder of his wife. One of the last efforts on the case was an attempt to bring the woman into the Juvenile Court for neglect, but the family could not be found and the case was closed.

The foregoing data in cases involving venereal disease, together with the material already presented in the Chapter IV., would seem to justify the following conclusions:

(a) That the detection of venereal disease in the families studied is frequently belated, so that cure becomes more difficult.

(b) Even when syphilis is detected in an individual member of a family, social workers do not make the necessary inferences which would lead them to suspect its presence in other members of the family.

An extraordinary illustration of this point is to be found in a case not quoted in the foregoing instances, where a father had been committed to Eloise for syphilitic insanity, and the children were neglected until four years later, when they were becoming blind.

During the latter part of the period covered by this study facilities for detection and treatment of venereal disease had somewhat improved, through the establishment of the free venereal clinics by the Board of Health, and also by Harper Hospital.

3 Treatment of Problems of Mental Health by the Agencies

From the point of view of effective diagnosis and treatment the more baffling health problems are those of mental disease. An enumeration of instances involving mental disease, including subnormality, feeblemindedness and insanity, was given in the chapter on Problems. However, from the social histories of the families it is entirely probable that these defects are far more numerous in the families than is apparent from the enumeration of cases that were detected.

Indeed, later in this chapter where the family problems of desertion and non-support and the problem of delinquency are discussed from the point of view of treatment, it is clear that often subnormality and psychopathic conditions are the causative factors, even when those are not mentioned by the case workers in the records.

The following are illustrations of treatment of insanity by agencies:

> **Case No. 282.—In 1914 a woman with four children was receiving a Mothers' Pension following the death of her husband. Soon after she had been granted the pension it was discovered that she was living with another man by whom she had become pregnant. By order of the court these two persons were married. This was in 1915. Thereafter follows a record of temporary desertion on the part of the man, non-support, and two sentences to the House of Correction, one for assault and battery, and one for disturbance of the peace. In May, 1917, it was discovered that the man was insane and he was committed to Eloise. Meanwhile, by him, the woman had given birth to two children. The attention of the social agencies had now become centered on the inefficiency and incompetence of the woman. The Visiting Housekeeper Association was called in to give instruction in home management. All constructive efforts with her seeming hopeless, she was declared to be definitely feebleminded and recommended for Lapeer. The case record continued for four months, during which time the woman was not sent to the institution because of the crowded conditions there.**
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> **Case No. 569.—In 1913, following the man's desertion, it was found that he was insane and he was committed to an institution. After a brief period the man returned from the institution, and although employed, was never able to earn sufficient money for the support of his family. In 1915 he was arrested for non-support and sentenced to the House of Correction, but was released immediately when his condition was discovered. In 1916 he became worse and he was recommitted to an institution for the insane.**

Further illustration of the agencies' contact with feebleminded persons in a family will be found in Chapter II, Case 146. There it was seen that for ten years a feebleminded family baffled the efforts of the agencies, and before a disposition could be made of the children who had been examined, the family left town to remove their burdens to some other community.

Additional references to treatment of mental problems are as follows: Case 476, page 12; Case 171, page 25; Case 395, page 27; Case 774, page 58; Case 479, page 59; Case 825, page 65; Case 153, page 70; Case 393, page 79.

It should be said that improved facilities for the clinical examination of children by the school authorities and by the Juvenile Court would indicate that, so far as the children are concerned, there is promise of better diagnosis and treatment of mental defects. In Chapter IV it was seen that a comparatively large number of children are enumerated as being feebleminded, whereas a much smaller number of adults are so classed. This indicates that there is more thorough diagnosis for mental defects of children than of adults. Under present laws and procedure it is very difficult to secure diagnosis of adults for mental defects until definite offenses have been committed. Even when these have come to pass mental diagnosis is rarely, if ever, secured. In the records there are instances of persons committed to the House of Correction who afterwards have been proved to be insane, feebleminded, or epileptic. But in no instance was the mental examination secured at the instigation of the House of Correction itself.

From the data on the case records as illustrated above, we may conclude:

a. There is a tendency on the part of the agencies to overlook mental defects.

b. Facilities for the diagnosis and treatment of mental defects are inadequate.

c. Poor treatment often results from false assumptions that persons in a given case are normal.

d. Marked improvement in treatment of these cases has followed the establishment of the Detroit Psychopathic Clinic. This clinic had already functioned in 13.8% of the *"trouble cases"* although it was established towards the end of the period through which these cases ran.

4.—Treatment of General Health Problems Apart from Tuberculosis, Venereal Disease, and Mental Defect

The defects of tardy diagnosis and treatment observed in connection with specific diseases of mind and body, are also quite prevalent in the agencies' contact with health problems of general character. It is unfortunately true that frequently serious illness in families is noted and effectively dealt with only after it has been of long duration. This comment is perhaps more true of adults

than it is of children, due to the larger number of agencies dealing with children, to special inspection in the schools, and to other factors.

The following is an example of treatment given in case of an adult health problem of a different character from those already discussed.

Case No. 866.—This case was known to social agencies for four years. During 1914 the man, of French descent, was unable to work, because of heart trouble, and he was given relief by the Poor Commission, and employment was obtained for him. The medical care that he received at this time was from the City Physician. There is no further record of the man by the Poor Commission, but during the next three years the family received attention from various private social service agencies because of poor and unsanitary living conditions. The man was unable to obtain regular employment, and there was no effort made on the part of the social agencies to find him suitable occupation. There seemed to be progressive deterioration of the family, and in 1917 the records report "intemperance on the part of the man and shiftlessness on part of the woman." There is no record of medical attention given the man, neither does the treatment that was given take into consideration the diagnosis of heart trouble in 1914.

Case No. 300.—For the first six months of 1914, the man in this case, 39 years old, and the father of six minor children, all under working age, was receiving relief from the Poor Commission. During this time he was suffering from cancer of the rectum. Medical attention was being given through the City Physician. There is no further record of this family in a relief agency for nearly a year, during which time the man is irregularly employed. In May, 1915, the man reports that he is ill again and unable to work, and asks for relief. He was being treated by a private physician, who diagnoses his ailments first as appendicitis, and later as peritonitis, according to his report to the social worker on the case. Toward the end of the month both the City Physician and the man's own doctor are of the opinion that the man is able to work and relief is discontinued. One of the social workers resident in the district and acquainted with the family is of the opinion that the man is really suffering some serious ailment, and that he has been receiving so far only superficial medical attention. This inference of the social worker appears to have been correct. During the following month the man is taken seriously ill, and falls unconscious in the street. He returns to his private physician for treatment promising to pay $3.00 a visit when he returns to work. Public relief is again resumed, and the private physician finding the man unable to pay for treatment, discontinues the case. Through the Poor Commission hospital care is given the man and the records state that a surgical operation has been performed. During the two succeeding years in which the case is known, the records show alternating periods of employment and illness on the port of the man. It appears that in this case there has been no effective co-ordination between the medical and social histories. For the period that the case was known to the agencies the man's illness was variously diagnosed by the physicians as cancer of the rectum, appendicitis, peritonitis, cancer of the stomach, chronic tuberculosis, liver trouble and rheumatism.

C.—TREATMENT BY THE AGENCIES OF PROBLEMS OF FAMILY RELATIONSHIP AND INDIVIDUAL BEHAVIOR

The family and individual difficulties to be reviewed in this section appeared in 61.5% of the whole number of 752 *"trouble cases."* As a general rule, these difficulties of family relationship or of personal conduct appear in conjunction with income or health handicaps with which we have seen the agencies struggling. All this is but confirmatory of the organic law that where deterioration sets in at one point of family life, sooner or later it is liable to be found at other points. In this study it was observed in a large number of cases that families appearing before the agencies in the first instance with income or health problems, at later times return with definite problems of family relationship.

To define more specifically the relationship problems we may say that they mean desertion, non-support, divorce, illegitamacy. By behavior is meant alcoholism, adult and juvenile delinquency, crime and immorality.

So far as the conduct of the social agencies with these problems is concerned, one may say that the solution depends to a great extent upon the tact, intuitive understanding, and sympathetic insight of the case workers themselves. In this field there is no room for snap judgments, amateurish plans, or rough handling. It is a sphere wherein personal work of the highest quality is required.

We may now introduce cases illustrative of different types of family disintegration, and note the results of contact with the agencies.

The following cases will illustrate non-support and its treatment by the agencies.

Non-support

Case No. 43.—The records of this family date back to 1911, but there is evidence that the family was known to the agencies even previous to this time. Then entire history had become one of non-support and alcoholism. It is reported that the man had served nineteen sentences in the House of Correction, and eight of these sentences are recorded in the case record. As the case record progresses the intervals between sentences became less and less. When released the man lives with his family, but works irregularly and refuses to support them. At one time the man was given the "drink cure," but never was he tested to determine his mental character. The social workers spent upon this family a very great deal of effort, but there seems to be a confusion in points of view upon the family as regards responsibility of parents; one record saying that the woman is neat and thrifty, another saying that she seems mentally deficient and extravagant. Blame is consistently laid upon the man, and one worker declares him to be mentally normal. Relief, investigation, friendly visiting are generously expended, but throughout the record there seems to have been no co-ordinated plan among the agencies, nor any clear ascertainment of the real cause of the dificulties.

Case No. 304—The man in this case is American born, 37 years of age; the woman is 23, and has four children, the oldest of whom

is five years. The man is a skilled laborer, capable of earning $137.00 in two weeks as a dropforger. One record states that the parents are intelligent and keep their home in a clean and sanitary condition. In spite of the man's high wages, however, it is to be noted that the family is heavily in debt, and that the man fails to provide properly for his wife and children. It appears in the record that in another city the man had been warned by a court on account of a similar offense. It also appears that previous to her marriage the woman had been in the House of Good Shepherd in another city. The woman said that the man drank, but that he had never come home intoxicated. The man's work record is excellent and the factor af alcoholism seems quite subordinate. At the first instance of non-support the woman refuses to complain in court against the man, but later she does so, and the man is sentenced to the House of Correction. Upon his release the family moves to another city. It is not apparent that the case workers arrived at the real cause of the difficulties here, which were probably deep seated and elusive.

The following cases illustrate various types of, and circumstances connected with, desertion:

2. Desertion

Case No. 518.—In 1914 the woman in this family applies to the Poor Commission stating that her husband is 50 years old and has deserted her and their nine children, ranging in ages from 2½ to 22 years. There is an earlier record in this family where relief was given because of the incapacity of the man following an industrial accident. A warrant for non-support is taken out by the woman at the advice of the agency and relief is given to the family. Two weeks later the woman receives a letter from her husband stating that he is in New Jersey looking for work. From time to time the man sends money to the family, but small amounts of relief are necessary for several months, until the man returns to Detroit. There is a record of this family later on account of unemployment of the man and wretched home conditions, but during the next four years there is no record of desertion or non-support.

It is to be noted that this type of desertion does not involve shirking of responsibility by the man, but that the social agency proceeded in the usual way as though this were not the case. The warrant was secured before any effort was made to investigate fully the facts and to locate the man. No attempt was made to get in touch with the social agencies of the city to which the man had moved so as to secure an interview.

Case No. 190.—The records in this case concern an American family consisting of man, age 24; woman age 26; and three small children from 1 to 4 years of age. Both the man and woman come from fairly prosperous families. The man had completed the eighth grade, is employed as a machinist, and usually earns good wages. Previous to the case record a period of unemployment has resulted in this family's going to live with the man's parents, during which time the woman is supplementing the income by doing day work. In April, 1915, the woman reports that her husband has left home and is living elsewhere in the city. Upon interview with the woman it is learned that the immediate cause of the man's desertion was his difficulty in obtaining employment, and his discouragement at his loss of a land contract due to his inability to

make payments. The man's mother has also refused to continue to support her son, just prior to his leaving home. The woman maintains that there has been no personal quarrel between herself and her husband, though she fully endorses her mother-in-law's action. The feeling on the part of the woman and her relatives is that the desertion is temporary and the man will obtain work so as to be able to start housekeping again. A while later the man saved money and re-established his family. However, not more than a year later a final disruption came. The man quarrels with his mother and again deserts his family. The woman immediately files a suit for divorce, alleging desertion and non-support, and a few months later, a decree is granted, the woman being given custody of the children. It is to be noted that the Circuit Court does not fix any alimony nor any financial responsibility upon the man, who does not appear to contest the suit. In fairness to the social agencies it should be said that there is no social worker in touch with the family situation. Later, however, the woman appeals for assistance, and a social agency attempts to reopen divorce proceedings, so that the man can be ordered to pay alimony to his wife. Before the case is heard, however, it is discovered that the man and woman are living together. At the same time it is learned that the man has been sent to the hospital for influenza, but upon release he disappears and is not heard from again.

The point to emphasize in this case would seem to be the lack of a social point of view on the part of the court, which seemed not to have gone deeply into the social history of the case, but rendered judgment upon merely legal evidence, providing no alimony for a dependent woman, and attempting no reconciliation, which subsequent history indicated might have been successful.

An interesting case of desertion of a man by a woman is the following:

Case No. 177.—Previous to the desertion by the woman there is a record of this family because of the unemployment of the father and the delinquency of the boy of 11 years. The records of this period throw little light upon the character of the woman except that it is noted that she has difficulty in keeping her jobs at day work. Early in 1915 the husband reports that his wife has deserted, following a period of heavy drinking, during which time she also stayed away from home for brief periods. In a few weeks the woman returned to her husband, and it is reported that they were living together again. The case is closed in the social agencies without their taking the precaution of making thorough investigation and analysis of conditions. In 1917 the case becomes active again, and this time there was better work accomplished by the agencies. The man, who was now working on the night shift, accuses his wife of immorality, and states that she has again deserted him and their four children. In a few days the woman returns but this time the agency has secured a thorough investigation. It is disclosed that the family had had a long series of domestic difficulties in another city, and that previous to her marriage the woman had given birth to an illegitimate child, the father of whom was not her husband. A complaint for neglect is entered in the Juvenile Court, and the children are committed for board-

ing to a private agency. The woman is then examined by the Psychopathic Clinic and is diagnosed as psychopathic, immoral, irresponsible, and unfit to have the custody of her children unless there is the closest kind of supervision. The latest record on the family states that the parents are paying for the care of their children in boarding homes, and that they are living together. In conclusion, it would seem that fairly good case work has been done with this family, so far as the children are concerned, though in regard to the adults it may be questionable procedure to regard the case as closed when there are obvious factors which are liable to lead to further difficulties.

The following case is of interest as showing a domestic problem which at one time or another appeared in all but one of the Detroit Courts.

Case No. 426.—The woman in this case was a colored girl only 14 years of age when she first appeared in Juvenile Court on a charge of sex delinquency. Her story before the court was that the man in the case had committed rape. A complaint was entered in the Recorders Court against the man, one George W., also colored. He was given the alternative of serving sentence for rape or marrying the girl. Although he had no wish to marry the girl, he accepted this alternative, and a year and a half later George and Lulu were having disagreements because of his failure to support her and the baby. A charge of non-support was entered against the man, this time in the Police Court. The man was ordered to pay $3.00 a week for the support of the child under threat of sentence in the House of Correction. This helped matters only temporarily. Lulu then applied for divorce in the Circuit Court charging her husband with adultery. Being a minor she entered suit for divorce through a "next friend." The divorce was not contested and Lulu was given custody of the child, while George was ordered to pay alimony of $3.00 a week. This he subsequently failed to do. One year later the record is resumed in Police Court where Lulu is held a witness in a pandering case. Her baby is given to a child placing agency for boarding care, when it is discovered that Lulu is a registered prostitute. The Board of Health records show that she is afflicted with two venereal diseases. Subsequent to her last appearance before the Police Court, George and Lulu disappear and are not found again. In the Juvenile Court the child is declared neglected and dependent and is adopted by Lulu's mother who was supposed to be respectable.

The following is an outline throwing into relief the high points:

HOW THE DOMESTIC PROBLEMS OF ONE FAMILY KEPT ALL OF DETROIT'S COURTS BUSY

The Problem	Successive Steps in the Problem	Court Record	Courts Involved
The Domestic Relations of George and Lulu	Lulu, a juvenile, was delinquent with George W.	Delinquency Rape	Juvenile Court Recorder's Court
	George consented to marriage.	Probate Marriage	Probate Court
	George did not support child.	Non-Support	Police Court
	Lulu sued for divorce.	Divorce	Circuit Court
	George did not pay the alimony.	Contempt of Court	Circuit Court
	George deserted.		
	Lulu became a prostitute. Arrested as witness in pander case.	Held as Witness	Police Court
	Police Officer referred case to Children's agency.		
	Children's agency boarded child.		
	Lulu deserted.		
	Agency brought charge of neglect.	Neglect	Juvenile Court

The baby was given for adoption. Lulu is a prostitute, whereabouts unknown. George is a deserter, whereabouts unknown.

The following case is illustrative of the treatment of illegitimacy:

> **Case No. 393 B.—In 1916 a girl and her baby appeared before the Poor Commission asking for relief, stating that the father had deserted. The case was referred to a child caring agency which made an investigation and revealed the following facts:— The girl's parents had been divorced, as the father was heavily alcoholic. Her mother had remarried into well-to-do circumstances. At the age of 11 the girl was declared incorrigible and sent to an industrial home in Ohio where she remained until she was eighteen. Upon her release from the institution her mother and step-father refused to have anything to do with her, and after working for a short time as a domestic in Ohio, the girl came to Detroit. Here she was married, but after a very brief period her husband deserted, upon learning that she had been pregnant at the time of marriage. During the latter period of her pregnancy the girl remained at the Salvation Army Rescue Home where the baby was born. Upon leaving the Rescue Home she married another man thinking that her husband had obtained a divorce. The second husband deserted soon after marriage. It was at this point that the child caring agency discovered that the girl was promiscuous. Complaint of neglect of her child was entered in the Juvenile Court, and the mother was examined by the Psychopathic Clinic. She was declared to be feebleminded, and commitment to Lapeer was advised.**

This case is interesting as showing that the institutions caring for the incorrigible girl, and later the unmarried mother, upon releasing her had made no adequate contribution to the solution of her problem. The solution was finally affected by the child caring agency assisted by the Juvenile Court and Psychopathic Clinic.

The following is an example of a difficult problem of conduct involving as a case history the social agencies of at least six cities:

> **Case No. 691.—The Records in this case show in the first place that the woman had spent one year in the House of Good Shepherd in Brooklyn, New York, and then had gone to live as a common law wife with a man who became the father of her three children. They remained in Brooklyn for eight years. Although the man drank heavily, it was said that he supported the woman and children. They then moved to Gary, Indiana, where they lived together for two years. In this city the man was arrested for cruelty and non-support. The woman at this time left her husband and went to live in Chicago, where she boarded her children. Later she rejoined her husband in Hammond, Indiana, where a legal marriage was affected. While in Hammond the woman was sent to the County infirmary and given treatment for disease.**
>
> **In 1914 the family came to Detroit. The first Detroit agency to meet the family was a child caring agency. The husband and wife became separated. One child, a cripple, remained with the mother, the other children were given for boarding care. Because of the immoral conduct of the mother, the man desired to take this child from her. Before a neglect complaint could be filed against the mother she had moved to Buffalo taking the crippled child with her. Here she applied to have the child committed to the hospital for care, and the New York State Board of Charities asked the**

Detroit agencies for an investigation of the case. There is no Detroit record of the case again until September, 1916. In the meantime an investigation brought out that the man and woman had been living together intermittently in both Detroit and Buffalo, and that the woman had continued to live an immoral life. During this period the man and woman both have police records in Detroit as follows:

Man's Record—November 1915: Arrested for disturbing the peace. Paroled one year. March 1916: Case dismissed without improvement. August 1916: Arrested as disorderly person. Suspended sentence. January 1917: Arrested as disorderly person. Discharged.

Woman's Record—April 1916: Arrested for disturbing the peace. Suspended sentence. May 1916: Arrested for drunkenness. Suspended sentence. August 1916: Arrested as disorderly person. Discharged.

In September, 1916, the family came to the attention of a Detroit child caring agency who filed complaint in Juvenile Court, alleging moral depravity of parents. The family could not be located so the summons was not issued. Later, the family reappeared, a writ was issued, and the children were removed, being placed temporarily for boarding care. At the instance of the Juvenile Court the woman was examined and found in an active syphilitic condition. She was advised to go to Ann Arbor for treatment, but she refused to go and one week later she was reported as soliciting on the streets. The man deserted for a brief period, but returned and is now paying for the board of the children. The case is still open, the last record being that the Police are looking for the woman but as yet have not apprehended her.

There are still uncited cases illustrative of treatment of juvenile delinquency and of adult delinquency aside from those involving family problems. These last two types of cases, however, involve perhaps no new points in treatment. The juvenile delinquents are dealt with by the Juvenile Court almost exclusively, and the adult delinquents come before the Police and Recorder's Courts which keep no case records. As the treatment of adult delinquents under the Probation System, has not been studied, discussion of this phase is omitted. At this point we may bring to a conclusion the cases involving domestic difficulties and behavior.

Conclusion of Discussion of Treatment of Problems Involving Domestic Difficulties and Behavior

1. The problems in this category involve the new element of court procedure, defects or inadequacies of which tend to aggravate the difficulties of the social workers in bringing these problems to a solution.

2. Neither the courts nor other social agencies have as yet worked out satisfactory methods for the constructive handling of these cases.

3. There is need for more extensive use of existing machinery for ascertaining the underlying causes of family difficulties.

5. There is need for more thoroughgoing analysis than we find in case records of the emotional and sex factors contributing to the disruption of family life.

6. Problems of family relationship and behavior arise out of the fact that social workers sometimes attempt to impose standards of normal responsibility upon subnormal or abnormal individuals.

7. Unemployment and low wages in some cases act as irritants leading to non-support and desertion.

8. Ill health is sometimes overlooked by case workers in their treatment of family problems in the agencies.

9. There is lack of coordination between the courts and other social agencies in their dealing with common problems.

10. There is need for closer coordination between the social agencies of different cities in their dealing with the family problems that are common to them.

CHAPTER VI.

CONCLUSION

We may now draw to a conclusion the material contained in the foregoing chapters and suggest inferences based upon them. The question has been repeatedly raised as to how typical the families in this study are of the general run of charity cases. The answer to this question suggests that the problems of these families are generally prevalent among charity cases, but that these problems here assume an extreme or aggravated form. It might be further asked whether the social problems of these families are peculiar to charity cases alone, or whether they may be found somewhat distributed throughout the general population of the city. Again, it may be stated that, aside from the income problems and their ramifications, ill health, domestic difficulties, mental subnormality, and delinquency are not the exclusive heritage of charity groups. The difference between these groups and the rest of the population, so far as these latter problems are concerned, is that in the case of the non-charity groups having these problems, the social agencies are rarely brought into contact with them.

It should be here stated that responsibility for failures of case work which have been here recorded, lies not in every instance with the social agencies. To be successful as a method, case work itself must function in association with other factors, the presence or absence of which will determine the result to be obtained through case work. What these other factors are will be revealed further in this discussion. It is entirely probable that the situation here revealed can be paralleled in other communities.

Discussion in the previous chapters has centered for the most part about two main considerations: the problems of the families, and the ways by which these problems were met by the agencies. Comments upon these two main aspects may here be made.

Problems of the Families.

First, as to the problems of the families. One group of these problems involved primarily income as the chief factor. Concerning these problems we noted that there are grave defects in the process through which income is supplied to the families during emergencies of varying character. These emergencies were found to be illness, unemployment, or absence of wage earner through death or desertion. They tend to destroy the normal support of families, and necessitate application to the social agencies for assistance. Their prevalence is quite general throughout the whole group of "trouble cases". Underlying these acute emergencies is more often a more chronic condition of low earning power

due either to low wage standards prevailing in industry, or to the inability on the part of the worker to earn a living wage. Accompanying both the acute and chronic conditions which we have noted, are other degenerating factors, not so much discussed hitherto, but undoubtedly present, such as overcrowding, poor housing, undernourishment,—all of which can be definitely correlated with lack of income.

Another group of problems, where the income factor is not primary, involves mental and physical health. Here we find disabilities, feeblemindedness, subnormality, insanity, neuroses, venereal disease, alcoholism, and tuberculosis. Where these defects are due to biological inheritance the social agencies are severely handicapped in their dealing with persons who possess them. Until society is willing to adopt a far more drastic program than it now supports for the elimination of the "unfit," case work with these types will meet unsurmountable obstacles. On the other hand, entirely aside from the problem of the "unfit" classes, the study reveals an extraordinary amount of physical disease among persons, who, for all we know, were mentally normal. Among such persons, provided that the community has established adequate facilities, case work should presumably be fairly successful.

The third group of problems includes those cases where individuals are badly adjusted to their family or social environment. They are the domestic and behavior problems. As human situations, the problems here are vitally related to the health and income conditions of the families. It is quite possible that the ultimately causative factors in domestic infelicity and in crime are often beyond our present ability for analysis. Nevertheless, some factors in these cases are determinable, and it is the function of case workers in dealing with these problems to throw more light upon them, rather than to confuse the issues, as they now so often do.

The Agencies.

As the Detroit community has become more aware of the foregoing problems, various organizations have arisen for dealing with them, and within the organizations themselves changes have been made from time to time so as to adapt them to new conditions. In the past, as stated in Chapter I., these organizations have not sprung from any well coordinated plan, but rather have they developed piecemeal, in much the same way that the city has grown. There has been the usual differentiation in function as between public and private agencies, and both types have been subject to change.

Correlative with our analysis of different types of problems, we may now distinguish between the agencies in regard to the problems in which they function.

TROUBLE CASES

Income Problems—Relief Agencies.

After a somewhat long development in the system of relief Detroit has now reached the stage where the following agencies are at work:

Of Public Agencies, the Mothers' Pension of the Juvenile Court has the largest budget, and administers the State Mothers' Pension Act, giving relief to mothers with families where the husband is dead, or permanently deserted, or divorced, or legally separated, or in a state institution. In all other cases where public relief is given the Department of Public Welfare, formerly the Poor Commission, functions.

Of Private Agencies giving relief to families, the chief ones are: Home Service Section of the American Red Cross, United Jewish Charities, Salvation Army and Conferences of St. Vincent de Paul. Many smaller societies, religious or philanthropic, are also at work in the field. Up to 1915 the Associated Charities would have been included in this list of private relief agencies.

In Chapter V. it was clearly pointed out that the present standards of relief of the above agencies are far from adequate. Improvement should be made in this regard until, whenever relief is necessary, decent standards of living are assured. Progress has recently been made by the Home Service Section of the American Red Cross which bases its relief upon scientific budget studies. At present the greater part of relief is given by the public agencies that we have named, while private agencies tend to give supplementary assistance.

Health Problems—Health Agencies.

The greatest development in recent years has been seen in the health agencies. There is at present a network of public and private hospitals, clinics and sanatoria that were enumerated in Chapter V. There is much room for a further development of these agencies, especially for those which can give early diagnosis and treatment of disease. The increased specialization of health agencies should give opportunity for the application of better standards of diagnosis and treatment. Fundamentally, what is needed in this field is a Health Program, which shall attack the problems of disease aggressively, making available thorough treatment, especially for those individuals whose income does not allow of provision for medical care. The infant welfare and school work of the present Department of Health in discovering health needs of children are steps in the right direction. Similar progress should be made in the discovery of adult disease, and in addition available facilities should be provided for treatment. It was evident in Chapter V that much progress has been made in the solution of difficulties arising from the existence of abnormal and

subnormal individuals, through the establishment of the Detroit Psychopathic Clinic. Greater use should be made of this agency by case workers, and there is need for the extension of this clinic into the courts, and into all agencies that have to do with the diagnosis of family difficulties.

Problems of Family Relationship and Individual Behavior, and Agencies Dealing With Them.

It is in this field that one meets with the least amount of effective coordination of agencies; and correlative with this lack is the absence of a definite program for adult delinquents. The problem of adult delinquency as it appears in this study is of two types: the one involving domestic relations, and the other, felonies and misdemeanors apart from domestic relationship. Concerning the treatment given this latter class of delinquencies this study has no data, but with regard to the treatment meted out to delinquents within the domestic relation much material has been presented. It has been pointed out that there is no special agency working in association with the courts on domestic problems. In the case of non-support, desertion, and difficulties between husband and wife, the records indicate that little effective work is done, either by the private agencies, or by the courts or correctional institutions through which the families pass. It cannot be too strongly recommended that earnest attention be given this problem so as to work out a comprehensive plan of treatment.

With regard to illegitimacy there are at present at least four maternity hospitals giving care to the unmarried mother. Only one of these, the Woman's Hospital, registers its cases in the Registration Bureau. It is this organization which has also developed an efficient social service department. The recent induction into the office of the Prosecuting Attorney of a social worker to deal with rape and bastardy cases marks the beginning of an intelligent treatment of these cases.

In dealing with neglected children, a better standard of work has been attained. Three sectarian agencies, the Children's Aid Society, United Jewish Charities and the Society of St. Vincent de Paul work together with the Juvenile Court in handling these cases. In their child-caring work they inevitably come into contact with other domestic problems; but because they are private agencies without legal control over adult delinquents their work is hampered. It should be said, however, that the United Jewish Charities, working in conjunction with the National Desertion Bureau, has made more vigorous progress in the handling of cases of family desertion.

Inasmuch as the courts occupy the strategic position for the handling of these family cases, it is with them that we must place the responsibility for better case work in this field. It is likely that the establishment of a court, whose special function would be work

on these cases that involve desertion, non-support, divorce, and irregularities in family life, would bring many of these problems to a more satisfactory solution. Pending the institution of such a court, the existing social agencies should give more attention to the diagnosis of health and economic factors that contribute to the dissolution of family life. Above all, it may be said without hesitation that the House of Correction treatment for these family delinquents has not contributed to a solution of their problem. It is to be hoped that the new regime in that institution, working in conjunction with the courts and social agencies, will be able to perform more constructive work in this field.

The Question of a Central Case Work Agency for Detroit

In 1917 the Associated Charities of Detroit let go its last hold upon family case work by turning over to the American Red Cross its Investigation Bureau. At this time responsibility for case work with families was distributed among various specialized agencies, such as the former Poor Commission, child-caring agencies, and other societies. As a result of the distribution of the work, the question is repeatedly asked as to whether Detroit should have a Central Case Work Agency and, if so, where should such a central agency be located? It is not our intention here in this study to suggest any final disposition of this matter. Nevertheless, from the work upon the *"trouble cases"*, the following comments are made:

1. It is clear that the *"trouble cases"* involve practically all kinds of need and difficulty, and come into contact with many different agencies. It follows from this that all agencies, even those which are highly specialized like the health agencies, should have access to knowledge of family conditions gained through thorough investigation and diagnosis. Fuller use should be made by all agencies of existing facilities and resources, such as the Registration Bureau, the Detroit Psychopathic Clinic, and of other facilities which the community offers. It cannot be too much stressed that there is need for concerted efforts looking toward better cooperation between all the agencies and the attainment of higher standards.

2. The defects that have been revealed in the social work upon these *"trouble cases"* point to a very definite need for more trained case workers in Detroit. The administration of relief, medical and other services, require competent social workers, and it is desirable that more and better trained case workers be brought into the specialized fields of social service such as the courts and institutions.

3. At the present time there are three non-sectarian agencies engaged in general case work with families. They are the American Red Cross Civilian Relief Committee, the Mothers' Pension

Department of the Juvenile Court, and the Department of Public Welfare. Inasmuch as the work of the American Red Cross with the families of men in service, is destined to diminish, the other two agencies are left as the important family relief agencies in the city. The relief functions of other agencies, such as the United Jewish Charities, can be considered as largely supplementary to public relief. Now, as the bulk of the cases come to the social agencies because of some need due to lack of funds, and as many of them involve at some stage, relief as a large factor in treatment, it follows that the opportunity exists for gradual concentration of case work in these two leading relief agencies, namely the Mothers' Pension and the Department of Public Welfare. With the extension of the machinery for case work in these agencies, and with a growing responsibility on their part for case work, the rehabilitation of families that apply for relief should be expedited. It is obvious after reading the cases quoted in this report that before the burdens of these agencies are increased radical improvements in their standards of case work should be assured.

4. The question may then be asked as to what agencies shall accept responsibility for family case work where relief is not involved as a factor? Should better standards of work be attained by these foregoing public agencies, one of them, the Department of Public Welfare, might reasonably be expected to extend its functions even to family cases that do not involve relief—at least in the first stage. The new charter of Detroit gives it power for such an extension of function. Furthermore, many of the family problems that do not at first involve relief may reveal upon closer analysis an income problem; and to the extent that this is true they should be more readily handled by the Department of Public Welfare, even though public relief may never be required. The Social Service Bureau of the Department of Public Welfare might develop into a central case-working agency for Detroit. In order for this to be accomplished however, there is need for immediate and considerably accelerated improvement in that Department. Judging from the numbers of families with which such an agency must eventually deal, there is needed a much larger force of trained and capable social workers. Other favorable conditions, as to machinery, organization, and standards, must prevail if the Social Service Bureau of the Department of Public Welfare is to develop into an adequate and constructive case working agency.

5. Before the Department of Public Welfare can so enlarge its functions the immediate demands of case work require that private organizations should fill the gap. Private, supplementary case-work might be organized as a separate agency voluntarily cooperating with the public relief department in the usual method; or a fund might be created to subsidize social service efforts in the Department of Public Welfare, until the city is able to assume full respon-

sibility for the task. An alternative to be seriously considered is the continuance of the Home Service of the American Red Cross for general case work with families.

Committees On Case Coopetation and Consultation.

As an outgrowth of this study of *"trouble cases"* two committees of the Detroit Community Union have been established. The first, the Committee on Case Cooperation, is a general committee open to all workers of social agencies in Detroit. It meets monthly to discuss the problems of social work and methods and standards of case work. The second committee, recently formed, consists of the executives or supervisors of case work from sixteen of the more important case working and relief agencies. This committee meets weekly and discusses difficult cases in which several agencies are interested. Without going into detail of the work of these two committees it may be said that they are indispensable factors in bringing about the proper relationship between the numerous specialized agencies functioning in one or more of the phases of case work. With the possibility that case work in specialized fields may become more diffused rather than concentrated in a few agencies, these committees together with the Registration Bureau should tend to promote efficiency and coordination of the complex social agency system.

Record-Keeping.

Earlier in the report mention has been made of the inadequacies in record keeping of many of the agencies. Not only do incomplete and faulty records lessen their value for social research, but also in the case work of the various agencies, meagre or cumbersome records are a distinct handicap in developing high-grade social work. During the progress of the study the records of several of the agencies showed a decided improvement, the realization that the case histories were being used for social research doubtless acting as an incentive. The recording of the important and relevant social data, and the mechanical arrangement should be matters of more thought and attention than many of the organizations have heretofore given to this subject.

Relation of Case Work to Reconstruction and Social Reform.

Throughout this discussion there has been no desire to ignore the larger social problems that are undoubtedly implied in these family cases. On the contrary, it has been definitely stated that there are certain situations as in unemployment, low wages, and subnormality, in which case work cannot achieve its desired end of family rehabilitation, due to objective factors that lie beyond the control of the social worker. It should be remembered that case work is a method and a technique that must at any time function within the given economic and social organization.

CONCLUSION

The problems which case work presents reveal the deficiencies of social organization. There are few cases which do not, at one stage or another, indicate defects inherent in institutions, social standards, or public opinion. Sometimes, in her efforts with families, the social worker can overcome the depressant effect of the social environment, so as to reach real solutions; more often, however, her attempts fall short of large achievement, because of obstacles which only an awakened public conscience can remove. Results in individual cases are often obtained, though with the knowledge on the part of the worker that similar conditions are increasing the number of family difficulties more rapdily than they can be solved by case work.

There is an increasing recognition of the fact that social workers need to appreciate the larger implications of their task. If a worker is not broad gauged, she may conceive plans for families or individuals which are impossible of fulfillment, because they fail to take into account human psychology and the limitations of the environment.

Under the impulse of Reconstruction, following the War, these social problems which lie beyond the immediate influence of the case worker, become the dominant issues. Various forms of social insurance, increased public health facilities, broader opportunities for education, and more or less radical changes in industrial organization are being discussed. With the coming of these reforms the social environment will be better adapted to successful case work, which should thrive under larger opportunities. Society will always have to do not only with definitely subnormal or abnormal persons, but with misfits, who for one reason or another are badly adapted. The number of such persons is probably larger than we have hitherto supposed; and they are distributed among the different economic classes. Adjusting these persons requires the case work method for the safeguarding of both individual and social well-being.

THE INLAND PRESS, DETROIT